Minneapolis
Community Planning and Economic Development

City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080
www.minneapolismn.gov/businesslicenses

For Office Use Only
Expiration: July 1
MCO: 321
AP: BLGeneral/
Second-A or Second-B
Adm Issuance: Yes

License Application: Secondhand Goods Dealer

Definition: The selling of previously owned personal items. This license does not allow the sale of motor vehicles.

A license is required for Antique Dealers, Antique Mall Operators and Auction House Dealers. Only one license is required for a business with multiple vendors using a single cash register for all sales.

A license is not required for the following:

1) Garage, yard or estate sales held on private property or by a charitable organization.
   a. the seller owns the items offered for sale and none of the items were purchased for resale or consignment;
   b. the owner conducts the sale and receives the proceeds;
   c. sales do not exceed 72 consecutive hours; and
   d. there are no more than two sales in any twelve month period.

2) Sales of books, magazines, post cards, or philatelic material. Philatelic materials include postage stamps, revenue stamps, stamped envelopes, postmarks, postal cards, covers, and similar items relating to postal or fiscal history.

3) Sales by licensed Precious Metals Dealers, Pawnbrokers, Used Auto Parts Dealers, Flea Markets, Exhibitors or Municipal Market Operators. A separate license is required for these sales.

Each application will be investigated by a Minneapolis Police License Inspector. If the investigation is limited to the state of Minnesota, the cost shall not exceed $500. If the investigation is conducted outside of the state of Minnesota, the applicant is responsible for actual investigation costs, not to exceed $10,000.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. **Type of license:**
   ☐ Class A Dealer: 400 or more reportable transactions per year.
   ☐ Class B Dealer: 399 or fewer reportable transactions per year.
   A summary of daily reportable sales is listed in MCO Chapter 321. 110.
3. There is a fee for this license plus a new license processing charge. You may pay by
   ☐ **Cash:** Drop off your application at our office.
   ☐ **Check**: Mail or drop off your application at our office.
   ☐ **Credit card**: Mail, drop off or email your application to businesslicenses@minneapolismn.gov.
   not ***Do add your credit card information on this application.*** We will call you to securely charge your credit card.
4. ☐ **Personal information form (Form #1):** This is required for the applicant, manager(s), and each owner.
5. ☐ **$5,000 Bond (Form #2) – See MCO 321.90 for requirements.**
   ☐ Not required for Class B.
6. ☐ **True and complete copy of the executed lease agreement, contract for the business and/or building.**
7. ☐ **Proof that real estate taxes are paid.** Contact Hennepin County at (612)348-3011 or **taxinfo@co.hennepin.mn.us.**

2. Applicant information

Legal company name	**Business name/DBA**		
Name (Last, First, MI)	☐ Owner ☐ Partner ☐ On Site Manager		
Business address	**City**	**State**	**Zip Code**
Mailing address (if different than business address)	**City**	**State**	**Zip Code**
E-mail address	**Cell phone number**	**Business telephone number**	
Minnesota Sales Tax ID Number *(Required)*	**Social Security Number or Individual Tax ID (ITIN) *(Required)***		
Type of ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No	**Proposed opening date:**		

3. Business information

License(s) requested:

☐ **Starting a new business in a new building. (New Business)**

☐ **Starting a new business in an existing building. (New Business) Name of Previous Tenant:**

_____

☐ **Changing Equipment.**

☐ **Adding a new license to an existing business. (New License)**

☐ **Taking over an existing business. (New Owner) Name of existing business:**

_____

☐ **Remodeling Only.**

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip**
Title	**Date of birth**	**Ownership %**	
Full name: Last, First, Middle		**Telephone**	
Home address	**City**	**State**	**Zip**
Title	**Date of birth**	**Ownership %**	

Full name: Last, First, Middle		Telephone	
Home address	City	State	Zip
Title	Date of birth	Ownership %	

5. Company operations

Days and hours of operation:	Gross Square Footage for Business Use:

Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? ☐ **Yes** ☐ **No**
If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	Name of contractor or building manager

Explain the scope of the remodeling or construction.

6. Workers compensation

Workers' compensation company	Policy number	Dates of coverage

------Or------

I certify that I am not required to carry workers compensation insurance because ☐ **I am self-insured.** ☐ **I am the sole proprietor and I have no employees.** ☐ **I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.**

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ **I have read and agree to the Terms and Conditions for electronic signatures, records and payment.**

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

8. Additional information

1. **No license will be issued for longer than one year.**
2. **You cannot transfer your license to any other person or location.**
3. **For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.**
4. **Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.**

Personal Information Form

#1

This form must be completed by each of the following with a copy of your driver's license or government issued photo ID attached.

Precious Metal Dealers or Secondhand Goods Dealers:

- ☐ Applicant
- ☐ Manager(s)
- ☐ Owners

Pawnbrokers:

- ☐ Applicant
- ☐ Manager(s)
- ☐ Officers
- ☐ Owners, Partners and Shareholders who own 5% or more of company shares. If your Corporation is publicly traded, owners, partners, and shareholders do not need to complete this form.

I. Background information			
Legal orporate Name of Business	Trade Name of Business (DBA)		
Street address of licensed premises	Zip Code	Business phone	Cell phone
Your name (First, Middle, Last)	Place of birth (City, State)		Date of birth
Residential street address	City	State	Zip Code
Social Security Number or Individual Tax ID Number (ITIN) Required:	First, middle, or last names you have ever used or been known by:		
Email address	Title		% of ownership

List your residences for the past five years. Attach additional sheets if necessary.

Street address	City, State, Zip	From	To

List name of employers, occupations, and addresses for the past five years. Attach additional sheets if necessary.

Employer	Occupation	Street address, City, State, Zip	From	To

II. License history

Do you have any current pawnbroker, precious metal dealer or secondhand goods dealer licenses?
☐ Yes ☐ No If yes,

Name	Address	City	State Zip	From	To

Have you ever had a pawnbroker, precious metal dealer or secondhand goods dealer license denied, revoked or suspended? ☐ Yes ☐ No If yes, explain.

III. Data Privacy Advisory

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you signed it.

IV. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your license, all information is public (MN Statutes, Chapter 13).
I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer; the rules and regulations enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I that the answer to every question is true of my knowledge, information, and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information is cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be ground for prosecution for perjury.

A signature is required.

☐ I have read and understand the above Data Practices Advisory.
☐ I have read and agree to the Terms and Conditions for electronic signatures, records and payment.

I, _____ certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature _____ Title _____ Date _____

General License Bond

State of Minnesota
County of Hennepin

Know All Men By These Presents, That_____, (as principal,) and _____, a corporation organized and existing under the laws of the State of _____, as surety, are held and firmly bound unto the city of Minneapolis, a municipal corporation in the County of Hennepin and state of Minnesota, for the benefit and protection of any person for whom said principal shall do any _____ work in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made, we jointly and severally bind ourselves, our successors, heirs, executors and administrators, successors and assigns, firmly by these presents.

The conditions of the above obligation are such that, whereas the above named principal has duly applied for a license to engage in the occupation and business of _____ in the City of Minneapolis, Minnesota, during the license year ending the first day in December, A.D. 20___, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

Now, Therefore, in case such license shall be issued to said above bounden principal, if he shall well and truly indemnify and save harmless any and all persons for whom he shall do _____ work from any and all loss or damage arising out of such licensee's failure to comply with any such specifications pertaining to such work, to use non-inferior materials, to do competent work, to pay for labor and materials, and to fully and properly perform all contracts entered into for the performance of such work by such licensee, then this obligation to be null and void; otherwise to be and remain in full force and effect.

Provided, However, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one license period shall not exceed the above stated penal sum.

It is Further Provided, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred, or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

In Witness Whereof, we have hereunto set our hands and seals this _____day of _____, A.D. 20____.

Signed, Sealed, and Delivered in the Presence of:

_____	_____(Seal)
_____	_____(Seal)
As to Principal	Principal
_____	_____(Seal)
_____	_____(Seal)
As to Surety	Surety

Acknowledgement of Principal (Individual)

State of Minnesota
County of Hennepin } SS

On this_____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowleged that he executed same as his own free act and deed.

Signature of Notary _____

Notary _____County _____State

My Commission expires _____

Acknowledgement of Principal (Partnership)

State of Minnesota
County of Hennepin } SS

On this_____ day of _____, A.D. 20_____, before me appeared _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Signature of Notary _____

Notary _____County _____State

My Commission expires _____

Acknowledgement of Principal (Partnership)

State of Minnesota
County of Hennepin } SS

On this_____ day of _____, A.D. 20_____, before me appeared _____and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

Signature of Notary _____

Notary _____County _____State

My Commission expires _____

Attach Acknowledgement of Surety