



**CITY OF RAMSEY
APPLICATION FOR
SECOND HAND GOODS DEALER LICENSE**

Business licenses are issued upon approval by City Council. Incomplete applications will not be accepted. Refer to City Code [Chapter 26, Article XV](#) for ordinance details. Tax ID required per MN Statute 270C.72. License is valid through December 31st and can be renewed annually.

Enclose with this notarized application:

License Year: _____

- License fee of \$2,000
- Background check fee \$500 (in-state license), \$1500 (outstate license)
- Completed and signed Request for Background Check Information form and color copy of driver's license or government-issued ID
- Certificate of workers' comp insurance (if applicable)
- Certificate of liability insurance with City of Ramsey listed as certificate holder
- Copy of property tax statement verifying tax status where business is to be located
- This application shall be accompanied by a statement indicating the amount of investment the Applicant has in the business, building, premises, fixtures, furniture, stock in trade, etc. and proof of source of such money.

1. **Full** Name of Business: _____

If business is conducted under a designation or assumed name, attach a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02.

2. Business Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

3. Address of the Business to be licensed: _____

4. Business Phone Number: _____

5. Business Email Address: _____

6. Minnesota Tax Identification #: _____

7. Federal Tax Identification #: _____

8. Applicant's **Full** Name: _____
Last First Middle

9. Applicant's Date of Birth: _____

10. Applicant's Place of Birth: _____

11. Applicant's Phone Number: _____

12. Applicant's Email Address: _____

13. Applicant's Position with Company: _____

14. Applicant is: ☐ Owner ☐ Manager ☐ Other: _____

15. Has applicant been convicted of a crime (other than a traffic violation) within the last five (5) years?

☐ Yes ☐ No

If Yes, list Offense(s) with Dates & Location(s):

16. Full Name of Owner of Premises *(if different from applicant)*: _____

17. Address of Owner of Premises *(if different from applicant)*: _____

18. Owner's Phone Number *(if different from applicant)*: _____

19. If partnership, list names and addresses of all partners. Include a copy of the Partnership Agreement.

20. If corporation, state names, addresses and birthdates of all officers and directors. Include a copy of the Articles of Incorporation and Secretary of State's Certificate of Good Standing.

21. Brief description of nature of business and goods to be received/sold: _____

a. If goods are sold, source of supply: _____

22. Business Hours of Operation *(allowed Mon-Sat 7am-9pm per ordinance)*: _____

23. Other communities where applicant has been licensed or applied to be licensed & status:

24. List the names and addresses of three (3) persons, residents of the State of Minnesota of good moral character not related to the applicant or financially interested in the licensee's premises, who may be referred as to applicant's character:

- 1) _____
- 2) _____
- 3) _____

NOTE: A Home Occupation Permit may be required in order to operate a business within a principal dwelling or an accessory structure on a residential property. A Home Occupation Permit application is available at www.cityoframsey.com. Contact planning@cityoframsey.com or 763-433-9824 with any questions.

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me, a notary public, on this ____ day of _____, 20____

NOTARY PUBLIC

My Commission expires: _____

Return completed application and requested information along with the fee to:

***City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303***

Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.

----This license will expire on December 31st----

CITY OF RAMSEY
TENNESSEN WARNING

The City of Ramsey has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Ramsey.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03, or subject to such other exceptions as are provided by law. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature

Print Name

Findings by Ramsey Police Department:

- ☐ Recommend Approval
- ☐ Recommend Denial
- ☐ See Attached

Additional Comments:

Police Chief Signature: _____