



## SECONDHAND DEALER'S LICENSE APPLICATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant's Address(es) for past ten years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of all persons having a financial interest in applicant's business, including ownership or financing interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If the applicant is a corporation, please submit the following information on a separate sheet of paper. The name and address of any proposed resident manager who shall be residents of the City and the address of such resident managers for the 10 years immediately preceding the filing of the application, their employment record for each 10-year period and their dates of birth.

**License Fee**  
\$25.00

**Surety Bond**  
\$500.00

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE WITH THE  
MINNESOTA WORKER'S COMPENSATION LAW**

In accordance with Minnesota Statutes §176.182, every state or local licensing agency is required to withhold the issuance or renewal of a business license or permit until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement. Applicants are required to provide the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

Print Full Name \_\_\_\_\_

Doing Business As (Print Business Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business (for example: construction, trucking, logging) \_\_\_\_\_

Worker's Compensation Insurance Company Name \_\_\_\_\_

Policy No. \_\_\_\_\_ Date of Coverage \_\_\_\_\_ through \_\_\_\_\_

I certify that I am not required to carry worker's compensation insurance because (check one)

I am a sole proprietor or partner and I have no employees.

I have no employees who are covered by the worker's compensation law. (Only employees specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, Parent; Children, regardless of age; and farm labor employees of a family farm that spent less than \$8,000 for labor in the previous calendar year. All other workers whose work activity is controlled by the employer must be covered.)

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I certify that the information provided above is accurate and complete. I understand that this information will be verified by the Minnesota Department of Labor & Industry, and that I am subject to a \$2,000 penalty if the information provided is false.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**CONSENT TO PERFORM CRIMINAL HISTORY/  
DRIVER'S LICENSE BACKGROUND CHECK  
TENNESSEN WARNING**

\_\_\_\_\_  
Print Full Name (First) (Full Middle) (Last)

\_\_\_\_\_  
Print Maiden / Previous Name(s) and/or Aliases

Residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
Driver's License No. / State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

Date: \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_



**MOORHEAD CITY CODE**  
**Title 2. BUSINESS AND LICENSE REGULATIONS**  
**Chapter 5. RETAILERS**  
**Article B. SECOND HAND DEALERS**

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**2-5B-1: DEFINITIONS:**

A "secondhand dealer" is any person who buys goods for sale except where the goods or property are purchased from a manufacturer or wholesale dealer having an established place of business. (Ord. 125; amd. 1967 Code §52.01; Ord. 711, 5-5-1980)

**2-5B-2: LICENSE REQUIREMENTS AND PROVISIONS:**

A. License Required: No person shall exercise, carry on or be engaged in the trade or business of a secondhand dealer without a license therefor.

B. Application For License: Application for a secondhand dealer's license shall be made on forms prescribed by the city and shall be filed with the city clerk and shall contain thereon the following information:

1. Name, address and date of birth of applicant;
2. Address of the place of business;
3. Name under which the business is to be conducted;
4. Address of applicant for the ten (10) years immediately preceding the filing of the application;
5. Name and address of all persons having a financial interest in applicant's business, including ownership or financing interests;
6. Applicant's employment record for the ten (10) years preceding the application with the name and address of all employers;
7. If the applicant is a corporation, the name and address of any proposed resident managers who shall be residents of the city and the address of such resident managers for the ten (10) years immediately preceding the filing of the application, their employment record for each ten (10) year period and their dates of birth.

C. Investigation: Each new application received shall be reviewed and thereafter delivered by the city clerk to the police department. The police department shall conduct a criminal background investigation of each applicant for such license. In the event a national criminal background investigation is required, the applicant shall be responsible for all additional fees incurred for such and, upon request, provide additional information required to complete this process. All applicants are required to complete an informed consent authorizing the disclosure of all criminal history record

information. When such investigation shall be completed, a recommendation shall be transmitted to the council for its consideration. (Ord. 2006-12, 6-19-2006)

**2-5B-3: LICENSE FEE AND BOND:**

The license fee for a secondhand dealer is as established by the city's fee schedule. The applicant shall execute a bond to the city in the penal sum as established by the city's fee schedule as a condition of being licensed as a secondhand dealer under this article. (Ord. 125; amd. 1967 Code §52.01; Ord. 711, 5-5-1980; Ord. 2007-30, 1-7-2008, eff. retroactive to 1-1-2008)