



**COUNTY OF CHISAGO
STATE OF MINNESOTA**

**APPLICATION FOR PRECIOUS METAL LICENSE
BY INDIVIDUAL**

TODAY'S DATE _____

Application Fee - \$100

Applicant's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone # _____ DOB _____ SSN# _____

Principal Business Address _____

If different than above

City _____ State _____ Zip Code _____

Fed Tax ID# _____ MN Tax ID# _____

Prior to license being issued, every applicant along with this application shall

- Complete Consent for Release of Information form
- Complete Tennessen Warning form
- Complete MN Workers' Comp Law form
- Complete MN Tax Clearance Certificate form

I understand and agree to comply with all requirements of the State of Minnesota. I have supplied all required information with this application and that all information given is true and correct.

Applicant's Signature

Date