

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
85 E. Seventh Place, Suite 600
St. Paul, MN 55101
(651) 296-6319



ABSTRACTER
CORPORATION/PARTNERSHIP
LICENSE APPLICATION
Instructions

PLEASE READ THESE INSTRUCTIONS THOROUGHLY BEFORE CALLING WITH QUESTIONS.
PLEASE PRINT.

1. To obtain your license, complete and submit this application along with all required information to the Minnesota Commerce Department, Licensing Unit, 85 E. 7th Place Suite 600, St. Paul, MN 55101.
2. Attach appropriate fee in the form of a check or money order made payable to the "Minnesota Commerce Department". **Cash cannot be accepted.**
3. If a completed BCA Form has never been provided one must be attached to this application for each officer or partner.
4. Incomplete forms will be returned to the address listed on the application.
5. Any misinformation given on an application for licensure is cause for disciplinary action against the license.
6. You must notify the Department of Commerce, **in writing**, of any subsequent change of information contained in this application, within 10 days of the change.
7. Attach a copy of your bond or liability policy.
8. Attach a certified copy of corporate filing or signed partnership agreement.

YES NO

- 4. Has any firm, corporation or association of which you have been a principal or officer failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?
- 5. Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract?
- 6. Been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes 270.72, that you currently owe the State of Minnesota any delinquent taxes?
- 7. Are you, at present, a duly qualified and acting county recorder?
- 8. If a county recorder, are you presently prohibited by law from making abstracts? (If yes, explain)
- 9. Do you have for use in the business a complete set of abstract books or records of all instruments of record in the office of the county recorder in your county?

IF A CORPORATION: Attach a certified copy of the Corporate Filing from the Minnesota Secretary of State. If incorporated in another jurisdiction, attach a copy of the Certificate of Foreign Corporation from the Minnesota Secretary of State (651) 296-2803. Attach a list of all officers by name and title with the percentage of ownership, including home address and phone number.

IF A CORPORATION: The name under which business will be conducted **MUST** be exactly the same as the name which appears on your license. If operating under any name other than the exact corporate or partnership name, attach a copy of the Assumed Name Certificate issued by the Minnesota Secretary of State. The license is issued under the name you are operating under, therefore, if you are operating under an assumed name, your license will be issued in the **ASSUMED NAME** and **WILL NOT** reflect your corporate name.

IF A PARTNERSHIP: Attach a copy of the Articles or Agreement of Partnership. Attach a list of all partners by name and title with percent ownership, including home address and phone number.

APPOINTMENT OF COMMISSIONER AS ATTORNEY FOR SERVICE OR PROCESS (Nonresident)

KNOW ALL PEOPLE BY THESE PRESENT: That in compliance of the Laws of the State of Minnesota, I, the undersigned applicant, if a nonresident, do hereby appoint the Commissioner of Commerce of the State of Minnesota, his/her successor or successors, as my true and lawful attorney upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the license, and do hereby expressly consent and agree that service upon such attorney shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

The data which you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. Disclosure of your social security number is voluntary. You are not legally required to provide this data, however, if you do not provide your social security number the Department of Commerce may be unable to grant a license. The Department may use social security numbers for revenue recapture as authorized by Minnesota Statutes, Chapter 270A and for identification purposes. After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.

I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

SIGNATURE

TITLE

DATE

ABTRACTER AND CAMPGROUND SALES FEE SCHEDULE - EFFECTIVE JULY 1, 1999

FEEES FOR NEW LICENSE

Abstracter Company License (Minn. Stat. chapter 386)	\$ 50 (one-year license)
Abstracter License (Person/Individual Proprietor)	\$ 50 (one-year license)
Campground Sales License (Minn. Stat. chapter 82A)	\$ 50 (one-year license)

SERVICE FEES As of July 1, 1999, there is no fee for the following services:

Letter of Certification	
Duplicate License	Temporary License
Name or Address Change	License History

**PLEASE MAKE CHECK OR /MONEY ORDER PAYABLE TO THE MINNESOTA COMMERCE
DEPARTMENT.**

CASH CANNOT BE ACCEPTED.

**Please note that if incorrect fees are submitted with an application, the application will be returned
and your licensure may be delayed.**

BCA FORM

THE BCA FORM MUST BE COMPLETED BY ALL APPLICANTS. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION AND MAY CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension, and
Minnesota Department of Revenue

RE: Request for Criminal Background Check
Request for Disclosure/Verification of Tax Identification Number

*****PLEASE PRINT*****

NAME OF APPLICANT (OR QUALIFYING PERSON): _____

SOCIAL SECURITY NUMBER OF APPLICANT (OR QUALIFYING PERSON): _____

APPLICANT'S (OR QUALIFYING PERSON'S) DATE OF BIRTH: _____

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: _____

THE FOLLOWING SECTION SHOULD ONLY BE COMPLETED IF YOU ARE APPLYING FOR A COMPANY (RATHER THAN INDIVIDUAL) LICENSE:

NAME OF THE COMPANY: _____

COMPANY'S STATE TAX IDENTIFICATION NUMBER: _____

APPLICANT'S (OR QUALIFYING PERSON'S) TITLE OR POSITION IN THE COMPANY: _____

THE FOLLOWING SECTION TO BE COMPLETED BY ALL APPLICANTS:

I, _____
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company.

I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

Signature of Applicant Date

NOTE TO BUREAU OF CRIMINAL APPREHENSION/ MN DEPARTMENT OF REVENUE:

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.