




STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
85 E. SEVENTH PLACE, SUITE 500  
ST PAUL, MN 55101  
(651) 296-6319

**INDIVIDUAL ABTRACTER  
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 any other required information to the Minnesota Department of Commerce, Licensing Unit, 85 E. 7th Place, Suite 500, St. Paul, MN 55101.
2. Attach appropriate fee in the form of a check or money order made payable to the "Minnesota Department of Commerce". ***Cash cannot be accepted.***
3. New Abstracter license MUST attach  
- Proof of passing examination.
4. Attach a completed BCA form.
5. Attach either original bond, copy of liability insurance policy, or proof of cash, securities, or deposit with the State of Minnesota.
6. If doing business as a corporation/partnership, attach application for corporation/partnership.
7. Incomplete forms will be returned to the address listed on the application.
8. Any misinformation given on an application for licensure is cause for disciplinary action against the license.
9. You must notify the Department of Commerce, ***in writing***, of any subsequent change of information contained in this application, within ten days of the change.

<p style="text-align: center;"><b>STATE OF MINNESOTA</b>  <b>DEPARTMENT OF COMMERCE</b>  85 E. 7th Place, Suite 600  <b>ST. PAUL, MN 55101</b>  <b>(651) 296-6319</b></p>  <p style="text-align: center;"><b>INDIVIDUAL ABTRACTOR</b>  <b>LICENSE APPLICATION</b></p>	(For Department Use Only)	
	<b>PREVIOUS/EXISTING LICENSE</b>	
	NUMBER	TYPE
	DATE TERMINATED	
	PROCESSING DATE	
LICENSE NUMBER	COMPANY NUMBER	

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.

**A. COUNTY/COUNTIES FOR LICENSURE**


**B. APPLICANT INFORMATION**

Last Name	First	Middle
Home Address		
City	State	Zip Code
Social Security No.	Date of Birth	Daytime Telephone No. ( )
Company	Address	Telephone No. ( )

*If an individual proprietorship and the name of the company does not include the first and last name of the owner (no nicknames), attach a copy of your Certificate of Assumed Name from the Minnesota Secretary of State.*

*If you are doing business as a corporation or partnership, you must also complete a corporate/partnership application.*

**C. BOND OR LIABILITY INSURANCE REQUIREMENT (Check which applies)**

Counties having less than 200,000 inhabitants requires a \$100,000 bond or liability insurance policy; Counties having more than 200,000 inhabitants requires a \$250,000 bond or liability insurance policy to be on file with the Commerce Department. **Exemption.** Applicants having cash or securities on deposit with the State of Minnesota in an amount equal to the bond or insurance requirements. **Attach either original bond OR copy of liability insurance policy OR proof of cash, securities, or deposit with State of Minnesota.**

Bond
 Liability Insurance Policy
 Cash, Securities, or Deposit with State of Minnesota

**D. NAMES OF PEOPLE AUTHORIZED TO SIGN**

Include with this application the names and signatures of the persons authorized to sign certificates on abstracts, continuations of abstracts, and certificates showing ownership or interest in or liens upon any lands in the State of Minnesota, whether registered or not, issued by such registered abstractor.

**ALL** applicants must answer the following questions. If any questions are answered "YES" you **MUST** attach a detailed written explanation and all legal documentation, if applicable. Have you ever:

**YES NO**

- 1. Been affiliated with any official, person, firm or corporation engaged in the business of making abstracts of title and issuing certificates showing ownership of, or interest in, or liens upon any lands including the State of Minnesota, whether registered or not?
- 2. Had any occupational license censured, suspended, revoked, cancelled, terminated or been the subject of any type of administrative action or investigation in any state including Minnesota?
- 3. Have you ever been charged with, or convicted of, or been indicted for, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), other than traffic violations, in any State or Federal Court?
- 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?

**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.

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

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Signature of Applicant

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	Temporary License
Duplicate License	License History
Name or Address Change	

**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.