



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
 DRIVER AND VEHICLE SERVICES
 445 Minnesota Street, Suite 186
 St. Paul, MN 55101-5186
 Phone: (651) 201-7800 Fax: (651) 297-1480
 Web: dvs.dps.mn.gov Email: DVS.DealerQuestion@state.mn.us

OFFICE USE ONLY	
DEALER NUMBER:	_____
DATE RECEIVED:	_____
COUNTY:	_____
AREA:	_____
INITIALS:	_____

Motor Vehicle Dealer License Application

- Complete both sides of form
- Return form and license fees (check or money order payable to DVS) to the address above
- The following must accompany your application for a dealer license: Commercial Location Checklist (PS2410), Zoning Verification (PS2421), Certification of Compliance with Minnesota Worker's Compensation Law (PS2420), Dealer Surety Bond (PS2446), Demonstration/In-Transit Plate Application (PS2405), Franchise Agreement, if applicable, (PS2404), Verification of Property Lease (PS2407) or proof of building ownership.

Notice

By signing this application, each applicant certifies that all information is true and correct and that the applicant meets the qualifications outlined in Minnesota Statutes, section 168.27. If any information is untrue, it may be the basis for denial of a dealer license or revocation of an existing dealer license.

Statutory requirements for the collection of information: Minnesota Statutes, sections 168.27, 270C.72, and 299A.01, Minnesota Rules, part 7400.0300 and 7400.0200.

With the exception of driver's license numbers and social security numbers, all information provided on this form is public.

PLEASE CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

NEW USED LESSOR WHOLESALER BROKER AUCTIONEER SALVAGE POOL LIMITED USE VEHICLE DSB

LICENSE FEES: DSB License - \$10 (Surety Bond of \$5,000 required) **All Other Dealer Licenses - \$250** (Surety Bond of \$50,000 required)

DEALER NAME: _____ MN Tax ID Number: _____

List all the assumed names (DBA) under which you will be conducting dealer business:

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

Type of Company Ownership - Check One: Individual Partnership Corporation LLC

Hours of Operation: _____

Hours Records Available for Inspection: _____

A min. of 4 consecutive hours is required at least once a week.

DEALER ADDRESS - Attach a separate sheet to file additional locations within the same county. If the location is in another county, a separate license for that location is required.

Street Address _____ City _____ State _____ Zip _____ County _____

Business Phone Number _____ Business Fax: _____ Email: _____

Required under Minn. Stat. Chapter 65B

AUTO LIABILITY INSURANCE COMPANY NAME: _____

LIABILITY POLICY #: _____

INSURANCE AGENCY: _____ PHONE: _____

DEALER OWNERSHIP INFORMATION - Please print or type.

List the names of all owners, officers, board members, governors, and five percent and greater shareholders. Company names are not acceptable. If you require more room, please provide information on a separate sheet and attach to this application.

1.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

Driver's License Number: _____ State: _____ Social Security Number: _____

Position with Dealership: _____

2.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

Driver's License Number: _____ State: _____ Social Security Number: _____

Position with Dealership: _____

3.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

Driver's License Number: _____ State: _____ Social Security Number: _____

Position with Dealership: _____

DEALER OWNERSHIP HISTORY

If you answer yes to questions one and two, please attach a separate statement to this application that includes the name of the person convicted, date of conviction, and state and county where the conviction took place.

- Has anyone named on this application been enjoined or convicted of violating any of the following within the last ten years:
 - Consumer Fraud in Sales - Minnesota Statutes, section 325F.69
 - Odometer Tampering - Minnesota Statutes, sections 325E.14, 15, 16, or United States Code, title 15
 - Receiving or Selling Stolen Vehicles - Minnesota Statutes, section 609.53

Yes No

- Has anyone named on this application pleaded guilty, entered a plea of nolo contendere or no contest, or been found guilty in a court of competent jurisdiction of any charge of failure to pay state or federal income or sales taxes, or felony charge of forgery, embezzlement, obtaining money under false pretenses, theft by swindle, extortion, conspiracy to defraud, or bribery within the last ten years? Yes No

- Has anyone named on this application applied for or held a Minnesota dealer's license in the past? Yes No

Name of person who applied for or held license: _____

Name of dealership and license number: _____

When was the dealership last licensed: _____

Was the license ever canceled, denied, suspended, or revoked? Yes (explain below) No

Each person named on this application must sign.	
1. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
2. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
3. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____