



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

445 Minnesota Street, 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:

USED VEHICLE PARTS/SCRAP METAL LICENSE APPLICATION

- Complete both sides of form
Return form and license fees (check or money order payable to DVS) to the address above
A driver's license photocopy for each person signing this application must be submitted.
Complete Certification of Minnesota Worker's Compensation Laws Form (PS2420)

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: [ ] Used Vehicle Parts [ ] Scrap Metal Processor

LICENSE FEES: \$250

COMPANY 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:

COMMERCIAL ADDRESS REQUIRED: Attach a separate sheet to file additional locations.

Street Address City

State Zip County Business Phone Number

Business Fax Business Email

1. Are the books, records and files necessary to conduct business kept and maintained at the above address? [ ] Yes [ ] No

If you answered No, please explain:

2. Is personnel available or an automatic telephone service available during normal business hours? [ ] Yes [ ] No

If you answered No, please explain:

**DEALER OWNERSHIP INFORMATION - Please Print**

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) \_\_\_\_\_

List Previously Used Names: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position with Dealership: \_\_\_\_\_

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

List Previously Used Names: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position with Dealership: \_\_\_\_\_

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

List Previously Used Names: \_\_\_\_\_

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.

1. 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 Property - Minnesota Statutes, section 609.53

Yes  No

2. 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

3. 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. <input checked="" type="checkbox"/>	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
2. <input checked="" type="checkbox"/>	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
3. <input checked="" type="checkbox"/>	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____