



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

Email: DVS.DealerQuestion@state.mn.us

Web: dvs.dps.mn.gov

OFFICE USE ONLY

DEALER NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

COUNTY: \_\_\_\_\_

AREA: \_\_\_\_\_

INITIALS: \_\_\_\_\_

Dealer License Ownership Change - DELETE Owner/Officer

- Complete this form if you are deleting owners, officers, board members, governors or shareholders of five percent or greater.
You must inform your bond company of any dealer license owner/officer additions or deletions.
DO NOT use this form if you own the business individually or in partnership...
To submit this form: Return completed form to the address listed above.
Please print or type all information on this form.

A Complete this section with dealer information.

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_

B Complete this section if you are deleting one or more owners, officers, board members, governors, or shareholders of 5 percent or greater.

DELETIONS

- Please print the name and effective date of removal.
Each individual being removed must sign.
If the individual is deceased, evidence of death (e.g. a certified copy of a death certificate) must be submitted with this application.

I certify that I am no longer affiliated in any controlling capacity with the above dealership.

Notary Public signature blocks with fields for Printed Name, Effective Date, and My Commission Expires.

C All existing (not deleted on this form) owners/officers/board members, governors or 5 percent or greater shareholders must sign below.

Applicant signature blocks with fields for Printed Name, Effective Date, and My Commission Expires.

Important 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.