



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

<b>OFFICE USE ONLY</b>
DEALER NUMBER: _____
DATE RECEIVED: _____
COUNTY: _____
AREA: _____
INITIALS: _____

### Dealer License Type Change

If the change is an upgrade or a change to a new or used license the following documents are require: a completed Commercial Location Checklist Form (PS2410) and a Zoning Verification Form (PS2421) must accompany this request.

- There is no fee to file this application for change.
- You must return any plates and permits that you are not entitled to under your new license.

### Please check the type of license change you are requesting:

New List the makes of the vehicles you are franchised to sell.

You must submit **original** franchise agreements with this application.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Used       | <input type="checkbox"/> Salvage Pool |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Scrap metal  |
| <input type="checkbox"/> Lessor     | <input type="checkbox"/> Parts        |
| <input type="checkbox"/> Broker     | <input type="checkbox"/> Limited Use  |
| <input type="checkbox"/> Auction    |                                       |

Dealer \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business Email \_\_\_\_\_

I certify that the above information is true and correct.

**X** \_\_\_\_\_  
(Signature of Owner/Officer) \_\_\_\_\_  
Date



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**Dealer License Change of Name or DBA**

- You must include an original bond rider that reflects the new firm name and/or assumed name.
- You are required to file all business and assumed names with the Minnesota Secretary of State. Please contact (651) 296-2803 for more information. Note: this does not apply to individual proprietor business names that include the owner's first and last name.
- There is no fee to file this application.

**License Type - Please Check One**

- NEW  
 USED  
 LESSOR  
 WHOLESALER  
 BROKER  
 AUCTIONEER  
 SALVAGE POOL  
 LIMITED USE VEHICLE  
 PARTS  
 SCRAP METAL  
 DSB

**DEALER NAME:** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business Email \_\_\_\_\_

**FIRM NAME CHANGE**

New Dealer Name: \_\_\_\_\_

**ADDING/DELETING NAMES**

New Assumed (DBA) Name(s)

- add 1) \_\_\_\_\_
- add 2) \_\_\_\_\_
- add 3) \_\_\_\_\_
- add 4) \_\_\_\_\_
- add 5) \_\_\_\_\_

Removing Assumed (DBA) Name(s)

- remove 1) \_\_\_\_\_
- remove 2) \_\_\_\_\_
- remove 3) \_\_\_\_\_
- remove 4) \_\_\_\_\_
- remove 5) \_\_\_\_\_

**I certify that the above information is true and correct.**

**X** \_\_\_\_\_  
(Signature of Owner/Officer)

\_\_\_\_\_ Date