



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: _____

Dealer License Location/Address Change

- You must include an original bond rider that reflects the new address.
- Complete and attach a Commercial Location Checklist Form (PS2410) and Zoning Verification Form (PS2421)
- Complete and attach a Verification of Property Lease Form (PS2407) or Proof of Ownership on the property.
- There is no fee to file this application for change.
- Parts and scrap metal dealers complete and submit this form only for an address change.

License Type – please check one:

NEW USED LESSOR WHOLESALER BROKER AUCTIONEER SALVAGE POOL

LIMITED USE VEHICLE PARTS SCRAP METAL DSB **DEALER NUMBER** _____

DEALER NAME _____

Street _____

City _____ State _____ Zip Code _____ County _____

New Location - Primary Site

Street _____

City _____ State _____ Zip Code _____ County _____

Phone number _____ Inspection Hours _____

Please check the appropriate statement:

- I own the above-described property.
- I lease the above-described property [*Attach Verification of Property Lease Form (PS2407)*].

Are the books and records necessary to conduct business kept at the above-described location?

Yes No - provide explanation: _____

Are there additional locations? Yes No

If yes, did you file these locations with the DVS Dealer Unit? Yes No

I certify that the above information is true and correct.

X _____
(Signature of Owner/Officer)

Date



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AREA: _____

INITIALS: _____

Dealer License - Additional Location/Display Lot

- Complete this form if you are doing business at a location in addition to your primary location. You must obtain a separate dealer license if the location is in a county other than the one in which you are currently licensed.
- New, used, salvage pool, limited use vehicle, lessor, wholesaler, auctioneer, broker, and DSB license types:
 - Complete and attach a Commercial Location Checklist form (PS2410) and Zoning Verification form (PS2421).
 - Complete and attach a Verification of Property Lease form (PS2407) or Proof of Ownership on the property.
- *Parts, scrap metal, lessor, wholesaler, auctioneer, and broker license types can have additional locations outside the county of the main location.*
- 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 NUMBER _____

DEALER NAME _____

Street _____

City _____ State _____ Zip Code _____ County _____

Business Phone Number _____ Business Email _____

Select one: ADDITIONAL LOCATION or DISPLAY LOT - for display only (sales cannot occur at this location)

Street _____

City _____ State _____ Zip Code _____ County _____

Phone number _____ Inspection Hours _____

Please check the appropriate statement:

- I own the above-described property (*Attach Proof of Ownership on property*)
 I lease the above-described property [*Attach Verification of Property Lease Form (PS2407)*]

I certify that the above information is true and correct.

X _____
(Signature of Owner/Officer)

Date