



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 DRIVER AND VEHICLE SERVICES  
 445 Minnesota Street, Suite 186  
 Saint 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: \_\_\_\_\_

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

**Verification of Property Lease**

According to Minnesota Statute 168.27, Subd.10 - **Place of Business**, all licensees under this section (New, Used, Lessor, Wholesaler, Auction, Used Limited, DSB) shall have an established place of business, which shall include owned or a minimum lease term of one year by the licensee.

**Note: If Owned - Proof of Property Ownership is required. Example: Property Tax Statement.**

Name of Dealership: \_\_\_\_\_

State of Minnesota County of: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and say  
 (Owner of Property)

that I am the owner of the property located at \_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City)

\_\_\_\_\_, and certify that I have leased the above property to  
 (State and Zip Code)

\_\_\_\_\_  
 Name of the Lessee/Dealer Owner

from \_\_\_\_\_ to \_\_\_\_\_  
 (Effective Date) (Termination Date)

**X** \_\_\_\_\_ Date  
 Signature of Property Owner

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

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

MY COMISSION EXPIRES: \_\_\_\_\_