



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: _____
COUNTY: _____
AREA: _____
INITIALS: _____

Minnesota Vehicle Dealer License - Zoning Verification

The Zoning Official for the jurisdiction in which the dealership resides must complete form.

Zoning District: _____

This form is for (check one): Primary Location Additional Location (Attach a separate Commercial Checklist Form (PS2410) for each location)

DEALER NAME _____

Street _____

City _____ State _____ Zip _____ County _____

Type of Dealer's License (check one):

NEW USED LESSOR D.S.B. WHOLESALER BROKER AUCTIONEER SALVAGE POOL LIMITED USED

Please Check Appropriate Statement:

This dealership is permitted use within the above zoning district for the type of business indicated above and there are no zoning complaints or enforcement actions pending at this time.
This location complies with local sanitation codes, or otherwise complies with local ordinances.

This dealership is permitted **conditional use** within the above zoning district for the type of business indicated above and there are no zoning complaints or enforcement actions pending at this time
(Must attach a copy of the conditional use permit).
This location complies with local sanitation codes, or otherwise complies with local ordinances.

Printed Name of Zoning Authority: _____

Zoning Authority Phone Number: _____

X _____
(Signature of Zoning Authority)

Subscribed and sworn to before me this
_____ day of _____ 20 _____

NOTARY PUBLIC _____

COUNTY: _____

MY COMISSION EXPIRES: _____