City of Minneapolis
Licenses and Consumer Services
350 South 5th Street – Room 1C
Minneapolis, MN 55415–1391
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

License Application
Guidelines and Checklist

DBA:
Expiration: July 1
License Code: 48, 49, 51, 144, 145, 150
Rev Code: 311008
MCO: 313
Adm Issuance: Yes
LICENSE ID #
CSR:

License Type: Motor Vehicle Dealers

DEFINITION: A motor vehicle dealer is any person who sells or offers to sell more than three (3) motor vehicles in a twelve-month period. Vehicle sales are limited to the business address only. Sales at any other unlicensed location are prohibited. **New motor vehicle dealer:** Any person who sells or offers to sell, broker, wholesale, auction, solicit, or advertise the sale of new and used motor vehicles for consumer use at retail or for resale to a dealer. Before an auction of a motor vehicle, a licensee shall be required to obtain an auctioneer's license from the State of Minnesota or Hennepin County or hire a licensed auctioneer. **Used motor vehicle dealer**: Any person who sells or offers to sell, broker, wholesale, auction, solicit, or advertise the sale of used motor vehicles for consumer use at retail or for resale to a dealer. Before an auction of a motor vehicle, a licensee shall be required to obtain an auctioneer's license from the State of Minnesota or Hennepin County or hire a licensed auctioneer. **Motor vehicle broker:** Any person in the business of brokering, soliciting, or advertising the brokerage of used motor vehicles. **Motor vehicle wholesaler:** Any person in the business of wholesaling motor vehicles to dealers. **Motor vehicle auctioneer**: Any person who auctions motor vehicles for more than one (1) owner at an auction or offers to sell, solicit, or advertise the sale of motor vehicles at auction. This license shall be in addition to an auctioneer license from the State of Minnesota or Hennepin County. **Repair Services:** A motor vehicle repair garage license is required if vehicle repair services are provided. **Exceptions:** Separate licenses shall not be required for the employees acting on behalf of licensed dealers.

Staff Initials	Application Checklist **Submit completed items below to:** **Minneapolis Development Review** 250 South 4th Street, Room 300 Public Service Center Minneapolis, MN 55415
	☐ **1. License Application** (Form #1)
	☐ 2. **Five (5) Year Residential and Employment History for each owner, partner, or corporate member** (Form #2)
	☐ **3. Copy of State of Minnesota Zoning Approval** Take to Minneapolis Zoning Department – 300 Public Service Center
	☐ **4. Copy of State of Minnesota Dealers License or State of Minnesota Dealer Number:**
	☐ **5. Proof or Copy of $50,000 State Bond.**
	☐ **6. $_____ Service Availability Charge (SAC)** - A fee may be imposed by Metropolitan Council Environmental Services for new connections or increased volume discharged to the metropolitan wastewater system. This fee must be paid at the **Minneapolis Development Review** Office before you license will be issued. ☐ **SAC Determination Letter** – attach copy.
	☐ **7.** Fee: _____ plus New License Surcharge:_____

A Separate License Is Required For Each Location

Business Name: _____ Street Address: _____ Zip Code: _____

☐ Dealer – New Motor Vehicles ☐ Dealer - Used Motor Vehicle ☐ Additional Lots ☐ Broker
☐ Dealer – New and Used Motorcycles, Motor Scooters, and Motor Bikes only ☐ Auctioneer ☐ Wholesaler

Business Name: _____ Street Address: _____ Zip Code: _____

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Your License Application

a. Incomplete applications will be returned.
b. All applications must be signed by an owner, partner or principal.
c. No license will be issued for a period longer than one year.
d. Licenses are not transferable.
e. Make a duplicate copy of this packet for your personal records before submitting.
f. Minnesota Sales Tax ID Number or 651-296-6181.

Pollution Control Annual Billing/PCAB - A PCAB Number is required before a license will be granted and will be requested by a License Inspector. PCAB# _____.

Information in Other Languages - Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

#1

City of Minneapolis
Licenses and Consumer Services
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Minneapolis, MN 55415–1316
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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: $
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION			
Type of License	**As the Licensee, I am:** ☐ Starting a new business in a new building (New business) ☐ Starting a new business in an existing building (New business) ☐ Taking over an existing business (New owner) Name of existing business _____ ☐ Remodeling only		
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Legal Corporate Name of Business	**Trade Name (DBA)**	**Business Telephone Number**	
Business Address/Location	**City**	**State**	**Zip Code**
Mailing Address (if Different than Business Address)	**City**	**State**	**Zip Code**
Name of Person Filling out this Application	**Title**	**Telephone Number**	
E-mail Address	**Fax Number**	**Cell Phone Number**	
Name of Manager and Home Address		**Date of Birth**	
Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit	**Date of Incorporation**	**State of Incorporation**	
Is this business publicly traded? ☐ Yes ☐ No			

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)			
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Full Name: First, Middle, Last	**Date of Birth**	**% of Ownership**	**Telephone Number**
Home Address	**City**	**State**	**Zip Code**
Have any of the above people been convicted of a crime? ☐ Yes ☐ No **If Yes, please provide (or attach) dates and conviction specifics.**			

3. BUSINESS INFORMATION

Square Footage for Business Use	Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? ☐ **Yes** ☐ **No**
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? ☐ Yes ☐ No	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company	Policy Number	Dates of Coverage

------Or------

I certify that I am not required to carry workers' compensation insurance because: ☐ **I am self insured.** ☐ **I am the sole proprietor and I have no employees.** ☐ **I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.**

4. VEHICLES

Will there be vehicles used in the business? ☐ **Yes** ☐ **No (Attach additional sheets if necessary)**

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT_____**TITLE**_____**DATE**_____

Residential And Employment History

#2

Provide the following information for each Partner, Owner and Corporate Member

☐ **Check here if your company is publicly traded. You do not have to complete this form.**

Attach additional sheets if necessary.

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Ten (10) Year Employment History				
Business Name	**Type of Business**		**Title**	
Address	**City**	**State**	**Zip Code**	**Dates**
Business Name	**Type of Business**		**Title**	
Address	**City**	**State**	**Zip Code**	**Dates**
Business Name	**Type of Business**		**Title**	
Address	**City**	**State**	**Zip Code**	**Dates**

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
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Ten (10) Year Employment History				
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Business Name	**Type of Business**	**Title**		
Address	**City**	**State**	**Zip Code**	**Dates**
Business Name	**Type of Business**	**Title**		
Address	**City**	**State**	**Zip Code**	**Dates**

Name				
Ten (10) Year Residence History				
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Home Address	**City**	**State**	**Zip Code**	**Dates**
Ten (10) Year Employment History				
Business Name	**Type of Business**	**Title**		
Address	**City**	**State**	**Zip Code**	**Dates**
Business Name	**Type of Business**	**Title**		
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