

License Application: Motor Vehicle Dealers

Definitions: A motor vehicle dealer is any person who sells, brokers, wholesales, auctions, solicits, or advertises the sale of more than three motor vehicles in a 12 month period. Sales must be for consumer use or resale to another dealer. Sales must occur from the licensed business address only. A separate license is required for each location. Sales at any other unlicensed location are prohibited.

- **New motor vehicle dealer (BLDealer):** The sale of new and used motor vehicles.
- **Used motor vehicle dealer (BLUsed):** The sale of used motor vehicles.
- **Motor vehicle broker (BLBroker):** Brokering used motor vehicles.
- **Motor vehicle wholesaler (BLWhlSale):** Wholesaling motor vehicles to dealers.
- **Motor vehicle auctioneer (BLAuction):** Selling motor vehicles at an auction. This license is in addition to an auctioneer license from the State of Minnesota or Hennepin County.
- **Motor Vehicle Dealer, Cycles, Scooters and Motor-E (BLCycle)**
- **Motor Vehicle Dealer, Used Parts One Location (BLParts); Additional Locations: (BLPartsLot)**

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a <u>fee</u> , and a new license processing charge for this application. You can pay by <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov . Do not add your credit card information on this application. We will call you to securely charge your credit card.
3. <input type="checkbox"/> Five Year Residential and Employment History for the applicant and each owner and partner (Form #1)
4. <input type="checkbox"/> Attach a Copy of State of Minnesota Dealers License or State of Minnesota Dealer Number: _____
5. <input type="checkbox"/> Attach a copy of State of Minnesota Zoning Approval
6. <input type="checkbox"/> Attach a copy of \$50,000 State Bond.
7. Would you also like a Motor Vehicle Repair Garage license? <input type="checkbox"/> Yes <input type="checkbox"/> No A repair garage license is not required if you are only checking fluid levels, replacing filters or other minor services. If yes, you do not need to fill out an addition license application. <input type="checkbox"/> There is an additional <u>fee</u> for this license. <input type="checkbox"/> Attach an Insurance Certificate with \$100,000/\$300,000 personal injury or death and \$10,000 for property damage. <input type="checkbox"/> No, I do not want a Repair Garage license.

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<u>Minnesota Sales Tax ID Number</u> Required	<u>Social Security Number</u> Required		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation		State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

3. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
List any licenses you currently have or previously held in Minneapolis (business or individual).			
Have you ever had a business license denied or revoked by any government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.			

4. Workers compensation

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.

5. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

6. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Residential and Employment History

Each applicant and all owners and partners must complete the information below.

Background Information				
Your Name (First, Middle, Last)		Place of Birth (City, State)		Date of Birth
First, middle, or last names you have ever used or been known by				
List your residences for the past five years. Attach additional sheets if necessary.				
Street Address	City	State Zip	From	To
List your employment for the past five years. Attach additional sheets if necessary.				
Employer and Address	City	State Zip	From	To