

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

For Office Use Only
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 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	Culturit completed items below to						
Initials Minneapolis Development Review 250 South 4 th Street, Room 300 Public Service Center, Minneapolis, MN				nneapolis, 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 \$5						
	6. SAC Determination	1 7					
	7. <u>Fee</u> : plus <u>New License Surcharge</u> :						
A Separate License Is Required For Each Location							
Business	Name:	Street Address:		Zip Code:			
	New Motor VehiclesNew and Used Motorcycles, Motorcycles	Dealer - Used Motor Vehicle otor Scooters, and Motor Bikes only	☐ Additional Lots☐ Auctioneer	☐ Broker ☐ Wholesaler			
Business	Name:	Street Address:		Zip Code:			
Dealer – New Motor Vehicles		☐ Dealer - Used Motor Vehicle	Additional Lots	Broker			
☐ Dealer	– New and Used Motorcycles, Mo	otor Scooters, and Motor Bikes only	Auctioneer	Wholesaler			
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.							



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11 1
FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION						
Type(s) of License						
	Starting a new bus					
	Starting a new bus			usiness)		
	🔲 Taking over an exi		ew owner)			
Minnesota Sales Tax ID Number, Social Security Number,	Name of existing					
or Individual Tax ID Number	Adding a new license to an existing business					
	Remodeling only					
Legal Corporate Name of Business	Trade Name (DBA)		Business Telephone Number			
				1		
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			
	1					
Type of Ownership: \square Corporation \square LLC	Date of Incorporation	1	State of Incorpor	ation		
Sole Proprietor Partnership Non-Profit						
Is this business publicly traded?						
2. LIST ALL OWNERS, PARTNERS AND CORE	PORATE MEMBERS (Attach additional	sheet if necessary.)		
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb			
1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		-	Totophone Tyumo			
TT 411	C'A	Gt. t	7' 6 1			
Home Address	City	State	Zip Code			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number			
Home Address	City	State	Zip Code			
Home Address	City	State	Zip Couc			
		0/ 00 11				
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	er		
Home Address	City	State	Zip Code			
	·		•			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Numb	ОМ		
run Name: First, Middle, Last	Date of Birth	70 of Ownership	Telephone Numb	er		
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.						
11 1 cs, picase provide (or attach) dates and conviction specifies.						

3. BUSINESS INFORMATION					
Square Footage for Business Use		Hours of Operation			
Describe in detail the principal produc	ts, types of entertainme	ent or services rendered.			
	, , ,				
List any licenses currently or previousl	ly held in Minneapolis (Business or Individual).			
List any needs currency or previous.	y moru in mannoupons (, Sub-11000 01 11101 (111011)			
Have you ever had a business license de	enied or revoked by Mi	inneapolis or another government entity?	Yes No		
If Yes, indicate date of denial/revocation	on, government agency,	reason for denial or revocation.			
	<u> </u>	N 60 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Are you planning or have you complete	ed any construction	Name of Contractor or Building Mana	ger		
or remodeling? Yes No					
Explain the scope of the remodeling or	construction:				
Workers' Compensation Company		Policy Number	Dates of Coverage		
1			8		
		Or			
		on insurance because: 🔲 I am self insur			
		vho are covered by workers' compensation			
		orkers' compensation law. These include	spouse, parents, and children		
regardless of age. All other workers wh					
***************************************		VEHICLES			
Will there be vehicles used in the busin		(Attach additional sheets if necessary)	T' DI (NI I		
Year/Make/Model	Vehicle Company	VIN Number	License Plate Number		
	ID Number		(State)		
	5. VE	RIFICATION			
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 inform	ation pursuant to Minn	iesota 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

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		L	I.	L	
Business Name	Type of Business		Title		
Address	City	State	Zip Code	Dates	
Business Name	Type of Business	siness		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	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	
Home Address	City	State	Zip Code	Dates	
Ten (10) Year Employment History	<u> </u>	•	•	1	
Business Name	Type of Business	Title			
Address	City	State	Zip Code	Dates	
Business Name	Type of Business	Title	- I	•	
Address	City	State	Zip Code	Dates	
Business Name	Type of Business	Title			
Address	City	State	Zip Code	Dates	