



Minnesota Department of Public Safety

Driver and Vehicle Services

445 Minnesota Street, St. Paul, MN 55101-5186

Phone: (651) 201-7800 Fax: (651) 297-1480

Web: drive.mn.gov Email: DVS.DealerQuestion@state.mn.us

OFFICE USE ONLY

DEALER NUMBER: _____

DATE RECEIVED: _____

COUNTY: _____

AREA: _____

INITIALS: _____

Used vehicle parts/scrap metal license application

- Complete both sides of form.
• Return form and license fees (check or money order payable to DVS) to the address above.
• A driver's license photocopy for each person signing this application must be submitted.
• Complete Certification of Minnesota Worker's Compensation Laws Form (PS2420).
• Complete Minnesota Vehicle Dealer License-Zoning Verification Form (PS2421).

Notice: By signing this application, each applicant certifies that all information is true and correct and that the applicant meets the qualifications outlined in Minnesota Statutes, section 168.27. If any information is untrue, it may be the basis for denial of a dealer license or revocation of an existing dealer license. Statutory requirements for the collection of information: Minnesota Statutes, sections 168.27, 270C.72, and 299A.01, Minnesota Rules, part 7400.0300 and 7400.0200. With the exception of driver's license numbers and social security numbers, all information provided on this form is public.

PLEASE CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR: Used Vehicle Parts Scrap Metal Processor

LICENSE FEES: \$250

COMPANY NAME: _____ MN Tax ID Number: _____

List all the assumed names (DBA) under which you will be conducting dealer business:

- 1.) _____
2.) _____
3.) _____

Type of Company Ownership - Check One: Individual Partnership Corporation LLC

Hours of Operation: _____

Hours Records Available for Inspection: _____

COMMERCIAL ADDRESS REQUIRED: Attach a separate sheet to file additional locations.

Street Address _____ City _____

State _____ Zip _____ County _____ Business Phone Number _____

Business Fax _____ Business Email _____

1. Are the books, records and files necessary to conduct business kept and maintained at the above address? Yes No

If you answered No, please explain: _____

2. Is personnel available or an automatic telephone service available during normal business hours? Yes No

If you answered No, please explain: _____

DEALER OWNERSHIP INFORMATION - Please Print

List the names of all owners, officers, board members, governors, and five percent and greater shareholders. Company names are not acceptable. If you require more room, please provide information on a separate sheet and attach to this application.

1.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

List Previously Used Names: _____

Driver's License Number: State: _____ Social Security Number:

Position with Dealership: _____

2.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

List Previously Used Names: _____

Driver's License Number: State: _____ Social Security Number:

Position with Dealership: _____

3.) Full Name: _____ Date of Birth (mm/dd/yyyy) _____

List Previously Used Names: _____

Driver's License Number: State: _____ Social Security Number:

Position with Dealership: _____

DEALER OWNERSHIP HISTORY

If you answer yes to questions one and two, please attach a separate statement to this application that includes the name of the person convicted, date of conviction, and state and county where the conviction took place.

- Has anyone named on this application been enjoined or convicted of violating any of the following within the last ten years:
 - Consumer Fraud in Sales - Minnesota Statutes, section 325F.69
 - Odometer Tampering - Minnesota Statutes, sections 325E.14, 15, 16, or United States Code, title 15
 - Receiving or Selling Stolen Property - Minnesota Statutes, section 609.53

Yes No

- Has anyone named on this application pleaded guilty, entered a plea of nolo contendere or no contest, or been found guilty in a court of competent jurisdiction of any charge of failure to pay state or federal income or sales taxes, or felony charge of forgery, embezzlement, obtaining money under false pretenses, theft by swindle, extortion, conspiracy to defraud, or bribery within the last ten years? Yes No

- Has anyone named on this application applied for or held a Minnesota dealer's license in the past? Yes No

Name of person who applied for or held license: _____

Name of dealership and license number: _____

When was the dealership last licensed: _____

Was the license ever canceled, denied, suspended, or revoked? Yes (explain below) No

Each person named on this application must sign.

1. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
2. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____
3. X	Subscribed and sworn to before me this _____ day of _____ 20 ____ NOTARY PUBLIC _____ COUNTY: _____ MY COMISSION EXPIRES: _____