



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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Used Vehicle Sales Business License Application

Required Documents:

- Completed Application Form
- Vehicle Sales License Fee: \$150.00
- Copy of Current Photo Identification
- Copy of State Dealers License
- Workers Compensation Form
- Completed Minnesota Vehicle Dealer License Commercial Location Checklist
- Copy of Verification of Property Lease

Person Applying For License:

First Name _____ Middle Name _____ Last Name _____

Home Address _____ Email _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Property Owner Information:

First Name _____ Middle Name _____ Last Name _____

Home Address _____ Email _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

If there are multiple property owners, attach complete information for each owner.

Business Information:

Business Name _____

Business Address _____ Email _____

City _____ State _____ Zip _____

Minnesota Business ID No. _____

State of Minnesota Dealership License No. _____

I (We) agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Andover. The foregoing statements are true and correct to the best of my knowledge and belief and I understand that providing false, incomplete or inaccurate information may be cause for denial of my license. In addition, I understand the following:

Information in this application is classified as public data and will be provided to the public upon request.

Licenses expire on December 31st of each year. Payment of annual licensing fee shall be sufficient to renew license unless other action under the City Code is taken by the City. Lack of payment of annual licensing fee shall be cause for revocation of license.

I understand that a background check will be conducted as a part of the application process.

Signature

Date

The following section is for City staff use only:

Fee Amount _____ Date Paid _____ Receipt No. _____

Staff contact: _____

60 Day date _____

120 Day date _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name