

AUTO DEALER (New or Used)  
 Office of the City Clerk  
 City of Robbinsdale

LICENSE APPLICATION  
 Fee: \$0/year  
 Must provide copy of state license

I, \_\_\_\_\_, hereby make application for an Auto Dealer License, subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE YOUR RESPONSES**  
 (Provide in full the first, middle and last names where requested)

|                                  |                                 |                                |                                |
|----------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Applicant Full Name & Title      |                                 | Trade Name or D.B.A.           |                                |
| Business Address                 |                                 | City                           | State                      Zip |
| Drivers License No./State Issued | Date of Birth                   | Residence Phone No.            | Business Phone No.             |
| 2nd Contact Person               | 2nd Contact Residence Phone No. | 2nd Contact Business Phone No. |                                |

**LICENSE REQUIREMENTS:**

- A copy of the current State Certificate of License
- MN Tax/Workers Compensation form

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION LAW

- The licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.
- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.
- Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

**This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:

### PERSONAL INFORMATION

|                                     |      |                        |              |
|-------------------------------------|------|------------------------|--------------|
| APPLICANT'S NAME (LAST, FIRST, MI): |      | SOCIAL SECURITY NUMBER |              |
| HOME ADDRESS:                       | CITY | ZIP CODE               | PHONE NUMBER |

### BUSINESS INFORMATION

|                                      |      |                                    |              |
|--------------------------------------|------|------------------------------------|--------------|
| BUSINESS NAME:                       |      |                                    |              |
| BUSINESS ADDRESS:                    | CITY | ZIP CODE                           | PHONE NUMBER |
| MINNESOTA TAX IDENTIFICATION NUMBER: |      | FEDERAL TAX IDENTIFICATION NUMBER: |              |

IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:

### WORKERS COMPENSATION INSURANCE:

Provide certificate of insurance with the City of Robbinsdale listed as a certificate holder, unless below applies:

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and I have no employees      **OR**       I am self insured (include permit to self-insure)

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, Children (regardless of age), and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$2,000 penalty if the information is false. I certify that all information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

|            |                                   |              |
|------------|-----------------------------------|--------------|
| SIGNATURE: | POSITION (OFFICER, PARTNER, ETC): | DATE SIGNED: |
|------------|-----------------------------------|--------------|

No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.