

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: \_\_\_\_\_

