



# Application for New/Used Motor Vehicle Dealer License

License Fee: \$400

Applicant's Minnesota tax ID number

The Minnesota tax ID must be issued in the same legal name of the licensee below.

Licensee's legal name	Federal employer ID number (FEIN)			
Business trade name (Doing Business As)	Daytime phone			
Complete address of business location (license location)	Other phone			
City	State	Zip	Fax	
Mailing address ( <i>if different than business address</i> )	City	State	Zip	Email address

**Type of Legal Organization** (check one):

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Out-of-state corporation: State of incorporation _____
<input type="checkbox"/> Other ( <i>describe</i> ) _____	Are you registered to do business in Minnesota? <u>Yes</u> <u>No</u>

**Corporate Officers/Partners** (*attach list if needed*)

Name (include full middle name)	Title		
Address	City	State	Zip
Name (include full middle name)	Title:		
Address	City	State	Zip

**By signing this application I understand the following:**

- The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.
- I have received from the City of Golden Valley a copy of the City ordinance to motor vehicle dealers, and I will familiarize myself with its provisions. This business will be conducted in compliance with all regulations, statutes, and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension, or revocation of this license.
- The information I have provided on this application is truthful. I authorize the City of Golden Valley to investigate the information and contact persons/organizations named on this application.

Applicant signature/title	Daytime phone	Date
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