



CITY OF RICHFIELD

**Application for
Motor Vehicle Dealer**

FEES:
\$405.00 (1st Location)
\$153.00 (each additional location)

Business Information

Business Name: _____

Business Address: _____ Phone: _____

Is there more than one location? Yes No, if yes list name and location

Is it: Motor Vehicles Motorcycles Both

Business Name: _____

Business Address: _____

Do you have a current plot plan on file with the City of Richfield? Yes No

Applicant Information

*To be completed by all owner(s)
Attach a separate sheet if necessary*

Applicant Name: _____ Position/Title: _____

Applicant Address: _____

Applicant Phone: _____ Date of Birth: _____

Is applicant a registered Voter? Yes No

If yes, which city is applicant registered in? _____

Are you currently licensed as a Motor Vehicle Dealer by the state of Minnesota? Yes No

State Dealer Number: _____

A current copy of your State license MUST accompany this application

Applicant's residence and business addresses for the 5 year period prior to this application date:

| <u>RESIDENCE</u> | <u>BUSINESS</u> |
|-------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Use additional paper if needed.

Applicant Name: _____ Position/Title: _____

Applicant Address: _____

Applicant Phone: _____ Date of Birth: _____

Is applicant a registered Voter? Yes No

If yes, which city is applicant registered in? _____

Are you currently licensed as a Motor Vehicle Dealer by the state of Minnesota? Yes No

State Dealer Number: _____

A current copy of your State license MUST accompany this application

Applicant's residence and business addresses for the 5 year period prior to this application date:

RESIDENCE

BUSINESS

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do any persons, other than those on this application, have any interest in the management and or control of the business? Yes No

If yes, state name(s): _____ Position: _____

Name: _____ Position: _____

Please include favorable recommendations by 2 residents of Hennepin County, attesting to the integrity and business ability of the applicant.

SWORN STATEMENT

I (we) hereby agree to operate such business in accordance with the laws of Minnesota and the ordinance of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and beliefs.

Authorized Signature: _____ Title: _____

Business Name: _____ Date: _____

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION**

(Tennessen Warning)

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH 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 Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.

2. You are not legally obligated to supply the requested information.

3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.

4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.

5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

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

SIGNATURE: _____ DATE: _____

Under Minnesota Law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

| | | |
|-----------------------|------------------------|------------------------|
| Applicant's last name | First name and initial | Social Security number |
|-----------------------|------------------------|------------------------|

| | | | |
|---------------------|------|-------|----------|
| Applicant's address | City | State | Zip Code |
|---------------------|------|-------|----------|

Business Information (if applicable):

Business name _____

| | | | |
|------------------|------|-------|----------|
| Business address | City | State | Zip Code |
|------------------|------|-------|----------|

| | |
|-------------------------------------|-----------------------------------|
| Minnesota tax identification number | Federal tax identification number |
|-------------------------------------|-----------------------------------|

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

(DATE)