



8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

NEW OR TRANSFER LICENSE APPLICATION FOR MOTOR VEHICLE SALES

New Motor Vehicles Sales applications must be received **at least 90 days prior to the desired license activation.** It is imperative that all the information requested below for your license is included in your application packet.

Check List of Required Documentation and Fees for Motor Vehicle Sales License

- _____ Fee Payment (set by current fee schedule) - 2 separate checks
- _____ Payable to City of Inver Grove Heights for Background Check (received at time of application)
- _____ Payable to City of Inver Grove Heights for Class A or Class B Motor Vehicle Sales License (received after Background Check completed by Police Department)
- _____ State License to Sell Motor Vehicles

Application Package must contain:

- _____ City Application for License - Part 1 (Signature must be notarized)
- _____ Proof of Workers' Comp Insurance Coverage
- _____ Certificate of Insurance with City's Current License Period (ending April 30 or state "Continuous until Cancelled")
- _____ Tax Clearance Information
- _____ Copy of Minnesota Department of Revenue Tax ID Form & Federal Tax ID Form
- _____ Trade Name Certificate from the Secretary of State and/or Foreign Corporation - Certificate of Authority
- _____ Articles of Incorporation, Partnership or LLC
- _____ Lease with Building Owner (if not the owner of the building)
- _____ Floor Plan & Plot Plan
- _____ Motor Vehicle Sales License Holders Certification (Owners/Officers/Operating Manager(s) - each person completing Personal History Package)

Personal History Information Package (EACH officer, director, partner with 5% or more interest, or board member etc. and the operating manager) must contain:

- _____ Personal History Statement - Part 2 (Signature must be notarized)
- _____ Data Practices Advisory & Applicant General Authorization and Release and Criminal History Background Check Consent Form (Police Department)
- _____ Disclosure regarding background investigation & VCI Release Form (Financial Information)
- _____ Tennessee Warning
- _____ Clear Copy of State Driver's License (front & back)

Submitting Your Application

Once you have all the items on the checklist put together, along with payment for any applicable fees listed, make an appointment with the City Clerk (651-450-2513) or by emailing cityclerk@ighmn.gov to submit the motor vehicles sales license application and fees to City Hall.

Steps to Approval - Steps may happen concurrently

1. Police Department - Background Investigation (takes approximately 4 weeks).
2. City Clerk - 10-days published notice of Public Hearing for the City Council meeting (after background check is completed by Police).
3. Fire, Building Inspection, Community Development and Finance Departments will complete an investigation of the applicant and business structure.
4. The appropriate motor vehicle sales license from the City is issued to the applicant once approval from all responsible departments and agencies is received and conditions are met.

Motor Vehicle Sales License Renewal Process

An application packet for renewal is sent out to current Motor Vehicle Sales license holders in March every year. A letter with the packet will specify the renewal application due date, which is generally during the first week of April. **The renewal packet consists of forms that are required every year.** A new Certificate of Insurance with new coverage dates must be submitted as well as the license fees and annual investigation fee as noted in the letter with your renewal packet.

FEES: MOTOR VEHICLE SALES FEE (as set by Current Fee Schedule)

Annual License Fee	Code Ref.	Expires	Fee	Prorated
Motor Vehicle Sales		4/30		No
CLASS "A" - Car & truck -			\$300	
CLASS "B" - Motorcycles, motorbikes, snowmobiles & other types of land vehicles propelled by motor			\$100	
Initial Background Investigation	1-10-1			
Single, Natural Person			\$250	No
Partnership			\$400	No
Corporation/LLC			\$500	No
Out of State Background Cost (last 5 years of residence) *			Amount varies per State	No
*Applicant responsible for cost				
Annual Background Investigation		N/A	\$50	No
Change of Ownership, Officers or General Manager			\$250	No
Out of State Background Cost (last 5 years of residence) *			Amount varies per State	No
*Applicant responsible for cost				



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**CITY OF INVER GROVE HEIGHTS
MOTOR VEHICLE SALES APPLICATION**

PLEASE FILL OUT COMPLETELY AND PLEASE PRINT LEGIBLY

LICENSE PERIOD: _____ to 4/30/20_____ **TODAY'S DATE:** _____

LEGAL BUSINESS NAME: _____

(Registered with the State of Minnesota)

TRADE NAME (DBA): _____

BUSINESS ADDRESS: _____

WEBSITE ADDRESS: _____

DIRECT CONTACT E-MAIL ADDRESS: _____

DIRECT CONTACT BUSINESS TELEPHONE: _____

BUSINESS OWNER: _____

1. Please Indicate the Class Type *(As of the date of this license application)*

Type:	Type (Mark with an X)
CLASS "A" - Car & trucks	
CLASS "B" - Motorcycles, motorbikes, snowmobiles & other types of land vehicles propelled by motor	
<i>TOTAL FEE: Class "A" = \$300.00 Class "B" = \$100.00</i>	

2. Have the applicant, partners or officers had any prior revocation of a license to sell motor vehicles? If yes, please explain

3. Do you have any outstanding debts or delinquencies on taxes or special assessments due to the city? If yes, please explain:

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the Council of the City of Inver Grove Heights may from time to time prescribe.

Signed _____ Date: _____

Motor Vehicles Sales License Holders Certification



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Corp Name: _____
 Doing Business As: _____
 Contact Name: _____
 Service Address: _____

COPY AND USE ADDITIONAL SHEETS IF NECESSARY

All Owner(s)/Officer(s) (O) or Operating Manager (M) are required to complete a background release form. **Include a copy of the Driver's License FRONT & BACK**

Owner (O) or Operating Manager (M)	First Name (Legal)	FULL Middle Name	Last Name	DOB	Legal Address (NOT A POST OFFICE BOX)	Social Security #

I hereby swear and affirm under the penalties of perjury that all of the information provided above is true and correct.

Signature of License Holder

Print Name

Date



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TAX CLEARANCE INFORMATION

TO LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, 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 the use of this information:

1. This information may be used to deny the issuance, 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 processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSING AUTHORITY: **City of Inver Grove Heights** LICENSE DATE: _____

BUSINESS INFORMATION:

Business Name (Doing Business As): _____

Business Address: _____

Business Telephone No: _____

Email: _____

ALL APPLICANTS:

Applicant agrees that any manager employed in the licensed premises will have all qualifications of a licensee and that the manager will not violate any city or state laws.

Minnesota Tax Identification No: _____

If a Minnesota Tax Identification or Federal FEIN number is not required, please explain on the reverse side.

Federal Tax Identification No: _____

Signature _____

Position (Officer, Director, Partner, etc.) _____

Print Name _____ **Date** _____



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Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required bylaw.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable:
 «

Business address (must be physical street address, no P.O. boxes)	City Inver Grove Heights	State MN	ZIP code «Zip_Code»
County United States	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy**

Insurance company name (not the insurance agent)		
Policy Number	Effective Date	Expiration Date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



City of Inver Grove Heights Police Department

8150 Barbara Ave, Inver Grove Heights, MN55077

(651) 450-2525

Fax (651) 450-2543

Motor Vehicle Sales/Permit

Applicant General Authorization and Release
and Criminal History Background Check Consent Form

To: The City of Inver Grove Heights, the Inver Grove Heights Police Department and the Minnesota Bureau of Criminal Apprehension:

I, _____, hereby authorize and grant my informed consent to permit you to obtain, release to and make available to the City of Inver Grove Heights and/or its agents and/or representatives, data classified as private which concerns me and which may be in or come into your possession. The data, which by my signature, I authorize to be released, consists of *both public and private* data as defined in Minnesota Statutes 13.02, Subdivision 12 and has been collected by you as a result of my contact and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form it exists.

That information to be released may relate to my dealing with any law enforcement agency and specifically includes criminal history data that will be obtained from the MN Bureau of Criminal Apprehension.

I understand that the purpose of permitting the City of Inver Grove Heights to have access to this information is to determine my suitability for issuance of a **license** from the City of Inver Grove Heights.

By signing this authorization, I hereby release the MN Bureau of Criminal Apprehension, the City of Inver Grove Heights, its officers and its agents from any and all liability resulting from the release, receipt or use of all data, regardless of accuracy.

Failure to sign this authorization form will disqualify me from receiving a City License/ Permit from the City of Inver Grove Heights.

This authorization shall be valid for the period of **one year**, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice pursuant to this consent to the City of Inver Grove Heights.

PLEASE NEATLY PRINT THE INFORMATION REQUESTED BELOW. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL SLOW YOUR APPLICATION PROCESS.

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Full Middle Name</i>
_____	_____	_____
<i>Date of Birth (mm/dd/year)</i>	<i>Male/Female</i>	<i>Driver's License Number</i>
_____	_____	_____
<i>Street Address</i>	<i>City, State, ZIP</i>	

NOTE: THIS IS A LEGALLY BINDING AUTHORIZATION. YOU MAY WISH TO CONSULT WITH A LAWYER BEFORE SIGNING.

Signature

Date

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE, COLOR PREFERRED, WITH PICTURE OF LICENSE HOLDER AND DATA CLEARLY VISIBLE AND LEGIBLE.