



**City Clerk's Office**

Room 318  
411 West First Street  
Duluth, Minnesota 55802-1189



218-730-5500  
218-730-5923 Fax

**APPLICATION**

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

<b>LICENSE: Motor Vehicle Dealer</b>	<b>FEE: \$440.00</b>
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**LICENSE PERIOD: MAY 1 – APRIL 30**

**Licensee Name/Business Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**Business Owner's Name/Home Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following should be included with your application:**

- A copy of your MN motor vehicle dealer's license;
- Application fee & all attached documentation.

**I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA.**

\_\_\_\_\_  
**Signature of Applicant**

**MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license 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 by law.

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	State	ZIP code
County	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](http://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
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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.

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

**PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required:** The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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.**

License applied for or renewed: \_\_\_\_\_

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: \_\_\_\_\_

### Personal Information (if applicable)

Applicants Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Business Information (if applicable)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

MN Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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chelmer@duluthmn.gov

## PERSONAL SUPPLEMENTAL AFFIDAVIT – MOTOR VEHICLE DEALER LICENSE

This form must be completed by the business owner or local manager with a copy of their driver’s license or government issued ID attached:

**NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.**

1. Legal Name of Business	2. Trade Name (DBA) of Business, if any
3. Address of Licensed Premises	
4. Business Phone	5. Individual's Cell Phone
6. Your Name (First, Middle, Last)	7. Place of Birth (City & State, or City & Country if outside U.S.)
8. Date of Birth (MM/DD/YYYY)	9. Email
10. Home Address	
11. Social Security Number (SSN)	12. Driver's License or ID Number & Issuing State

13. List your residences for the past five (5) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To

14. Have you ever been known by any other name than the one listed on this application?

- Yes
- No

If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:

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15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

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16. Are you a registered voter in the city of Duluth?

- Yes
- No

17. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale of motor vehicles?

- Yes
- No

### **DATA PRIVACY ADVISORY**

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Duluth Police Department, City Clerk's Office, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual \_\_\_\_\_  
Last Name First Name Middle Name

Also known as \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

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

## VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit \_\_\_\_\_ Date \_\_\_\_\_

Printed name of witness \_\_\_\_\_ Signature \_\_\_\_\_