



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

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

*PLEASE FILL OUT COMPLETELY AND PLEASE PRINT LEGIBLY*

**LICENSE PERIOD:** \_\_\_\_\_ to 12/31/20\_\_\_\_ **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)
<b>CLASS "A"</b> - Car & trucks	
<b>CLASS "B"</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 Vehicle Sales License Holders Certification



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Legal 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 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 <b>Inver Grove Heights</b>	State <b>MN</b>	ZIP code <b>«Zip_Code»</b>
County <b>United States</b>	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

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**

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.



**Liquor License/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.**