

License Application: Motor Vehicle Used Parts Dealer

Definition: Any person engaged in the business of buying, selling, or storing any combination of used, rebuilt, or new motor vehicle parts. This includes crushing, shredding, or shipping motor vehicle hulks. A hulk is a major portion of a motor vehicle or a whole motor vehicle.

This license does not apply to anyone who only buys, sells, or ships scrap iron or used metal for reprocessing to such use in smelters, foundries or other reprocessing plants.

Prohibitions:

- 1) Keeping or maintaining any motor vehicle, motor vehicle part(s) or material(s) on public property, including streets and sidewalks, or private property that is not part of the business.
- 2) Burning tires, motor vehicle parts or other property.
- 3) Buying or taking possession of any motor vehicle or motor vehicle part(s) from a person of unsound mind, a person obviously intoxicated, or a person under the age of eighteen (18) unless the person under the age of eighteen (18) provides proof of ownership.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements

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| 1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office. |
| 2. There is a fee and a new license processing charge for this application. You can pay by
<input type="checkbox"/> Cash: Drop off your application at our office.
<input type="checkbox"/> Check: Mail or drop off your application at our office.
<input type="checkbox"/> Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov . Do not add your credit card information on this application. We will call you to securely charge your credit card. |
| 3. Certificate of Liability Insurance (Sample Form #1)
<input type="checkbox"/> Attach a copy. This must be furnished by your insurance agent. You are required to have \$5,000 per occurrence and \$10,000 aggregate for personal injury or death. |
| 4. <input type="checkbox"/> \$5,000 Bond (Form #2) |

2. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number Required	Social Security Number Required		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

3. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle	Telephone		
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity?
 Yes
 No

If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

4. Workers Compensation

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

6. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

City of Minneapolis

Requirements for Insurance Certificates

Certificate of Liability Insurance

#1

Certificate cannot be pending, binder or TBA.

The Legal/Corporate Name must match exactly (word for word) to the Approved Licensee Name (including Inc, or LLC), Trade Name (DBA) and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS - COMPO/PPAGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY \$ _____ (Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				(Per person) BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ (Per accident) \$ _____ AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ACC \$ _____ ONLY: AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				W/C STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

Original signature or stamp of agent

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
 ADDITIONAL INSURED; INSURER LETTER
 CERTIFICATE HOLDER
 City of Minneapolis
 Licenses and Consumer Services
 505 Fourth Ave. S., Room 220
 Minneapolis, MN 55415
 AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.

Motor Vehicle Used Parts Dealer License Bond

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } SS

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal, _____, has duly applied for a license to do business as a _____ in the City of Minneapolis, Minnesota, during the license year ending the first day in _____, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, _____, shall well and truly observe the ordinances of said City of Minneapolis in relation to _____ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such _____ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered in the Presents of:

_____	_____ (SEAL)
_____	_____ (SEAL)
As to Principal	Principal
_____	_____ (SEAL)
_____	_____ (SEAL)
As to Surety	Surety

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss**

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL (PARTNERSHIP)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss**

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)

**STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss**

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

(SEAL)

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGMENT OF SURETY