



LICENSING DIVISION

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USED CAR DEALER LICENSE APPLICATION

Licensing Term: January 1 – December 31, Annually

SECTION A. BUSINESS INFORMATION		
Name:	Last Name:	
Company Name:		
Doing Business As:		
Address:		
Phone:	Fax:	
E-Mail:		
Website / Social Media Site (Facebook, Twitter, etc...):		
Federal Tax ID:	Minnesota Tax ID:	MN Dealer License #:
Business Hours:		
Day(s):	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____
Day(s):	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____
Day(s):	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA	From _____ To _____

SECTION B. LICENSING POINT OF CONTACT / EMERGENCY CONTACT		
<i>List the person who will serve as the licensing point of contact (if it's the same person as the applicant, please list an emergency contact for the business).</i>		
This person will serve as the: <input type="checkbox"/> Licensing Point of Contact <input type="checkbox"/> Emergency Contact		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
Contact preference for licensing questions and materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

APPLICABLE CODES
Please review the referenced code section for a detailed description of required submittal documents and subsequent process. <ol style="list-style-type: none"> 1. City Zoning Codes, Chapter 25, Section 25 – 74 (c) Used Vehicle Sales 2. City Codes, Chapter 9, Article II Used Car Dealers

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 Minnesota Statutes 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	
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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

LICENSING PROCESS

The City Council shall make the final determination to approve or deny the application. Upon receiving final determination from City Council, staff will contact the applicant with the requisite documentation. Please note that this process may take up to 30 business days.

CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. **All incomplete applications will be returned.**

AP – Applicant check list, CTY – City check list

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	City Application
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Current MN Dealer License
<input type="checkbox"/>	<input type="checkbox"/>	Worker’s Compensation Certificate of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance - Attach a current copy of the certificate of liability insurance showing worker’s compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan: A scalable site plan, no larger than 11”x17”, must be submitted which demonstrates the following: <ol style="list-style-type: none"> 1. Placement and size of sales office 2. Parking areas and drive aisles 3. Number of cars able to be placed on property.
<input type="checkbox"/>	<input type="checkbox"/>	Additional Requirements Listed in Sec. 25-74(c): <ol style="list-style-type: none"> a. Must be located a minimum of 350 feet from residential use and not adjacent to a community recreation property. b. Sales office to be a minimum of 500 square feet and any maintenance structure 1,000 square feet and conform to design standards. c. Front of lot shall have at minimum a (15) foot buffer or green area. d. Minimum one (1) acre lot size. e. Vehicles must be eligible to be licensed and operable. f. Light maintenance and detailing of vehicles is permitted. g. Lot must be hard surface with curbing (as required in zoning code). No parking on lawn area.
<input type="checkbox"/>	<input type="checkbox"/>	Application Fee of \$400 Payable to “City of Oakdale”

Please mail, drop off, or e-mail forms and required documents when completed.

By signing below, I hereby certify that I understand and have read the foregoing questions and that the answers to said questions are true of my own knowledge. I also understand that I am NOT supposed to conduct business until a license has been issued.

Applicant Signature

Date

FOR OFFICE USE ONLY	
AMT:	MT:
#:	PD:
NOTES:	