



**LICENSING DIVISION**  
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<b>FOR OFFICE USE ONLY</b>
NOTES:

## USED CAR DEALER LICENSE APPLICATION

*License Term: January 1 – December 31, annually*

### SECTION A. BUSINESS INFORMATION

Name:		Last Name:						
Company Name:		Doing Business As:						
Address:								
City:		State:	Zip:					
Phone:		Fax:						
E-Mail:		Website:						
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

*List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.*

Please check one: <input type="checkbox"/> Same as the applicant – <i>Skip to Section D</i> <input type="checkbox"/> Different from the applicant – <i>Complete below</i>		
Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

### SECTION C. EMERGENCY CONTACT

*Please list an alternative contact information different from the applicant.*

Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Other Number:	

# 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

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.

**\*Electronic Signature:**

Print Full Name	Title	Date
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

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.

**APPLICABLE CODES**

Please review the referenced code section for a detailed description of required submittal documents and subsequent process.

1. City Zoning Codes, Chapter 25, Section 25 - 74 (c) Used Vehicle Sales
2. City Codes, Chapter 9, Article II Used Car Dealers

**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.

*AP - Applicant check list, CTY - City check list*

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

**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.

**\*Electronic Signature:**

FOR OFFICE USE ONLY			
N:	PM:	#:	\$:

\_\_\_\_\_  
Please type your full name

\_\_\_\_\_  
Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

**Thank you for choosing the City of Oakdale to do business in!**