



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

445 Minnesota Street  
Saint Paul, MN 55101-5186  
Phone: (651) 296-2977 Fax: (651) 297-1480  
Web: dvs.dps.mn.gov Email: DVS.DealerQuestion@state.mn.us

**OFFICE USE ONLY**  
DEALER NUMBER: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
INITIALS: \_\_\_\_\_

**Minnesota Vehicle Dealer License - Zoning Verification**

The Zoning Official for the jurisdiction in which the dealership resides must complete form.

Zoning District: \_\_\_\_\_

This form is for (check one):  Primary Location  Additional Location (Attach a separate Commercial Checklist Form (PS2410) for each location)

DEALER NAME \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Type of Dealer's License (Check One)**

NEW  USED  LESSOR  D.S.B.  WHOLESALER  BROKER  AUCTIONEER  SALVAGE POOL  LIMITED USE VEHICLE

**Please Check Appropriate Statement:**

This dealership is permitted use within the above zoning district for the type of business indicated above and there are no zoning complaints or enforcement actions pending at this time.

This dealership is permitted **conditional use** within the above zoning district for the type of business indicated above and there are no zoning complaints or enforcement actions pending at this time **(Must attach a copy of the conditional use permit).**

Printed Name of Zoning Authority: \_\_\_\_\_

Zoning Authority Phone Number: \_\_\_\_\_

**X** \_\_\_\_\_  
(Signature of Zoning Authority)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

COUNTY: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_