



City of Lakeland  
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**CITY OF LAKELAND**  
**APPLICATION for MUNICIPAL USED CAR DEALER LICENSE**

MN Sales Tax ID Number, Social Security Number, or Individual Tax ID Number			
Legal Corporate Name of Business		Trade Name	Business Telephone Number
Business Address		City, State	Zip Code
Mailing Address (if different from Business Address)		City, State	Zip Code
Name of Person Completing Application		Title	Phone Number
E-mail		Fax	Cell Phone
Name of Business Manager and Home Address			Cell Phone
<p>I, _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. The undersigned hereby applies for a license to carry on a Use Car Dealer business in the City of Lakeland, Washington County, Minnesota. This business is subject to the laws of Minnesota and ordinances enforced by the City of Lakeland. This business agrees to tender all applicable licensing fees to the City of Lakeland.</p>			
Signature of Applicant			Date
Signature of City Clerk			Date Received
Verified by City Clerk: <input type="checkbox"/> Property has Conditional Use Permit for a Used Car Dealer business <input type="checkbox"/> Applicant has required State of MN license <input type="checkbox"/> City license fee paid (\$100)			