

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

445 Minnesota Street, Suite 186, St. Paul, MN 55101-5186 Phone: (651) 296-2977 Fax: (651) 297-1480

OFFICE USE ONLY

DLR NUMBER: _____

DATE RECEIVED: _____

Web: dvs.dps.mn.gov Email: DVS.DealerQuestion@state.mn.us

INITIALS: _____

Franchise Agreement

- New vehicle dealers must file this agreement for each new make of vehicle they sell. •
- If a new vehicle dealer fails to file an agreement for each new make of vehicle they sell, they are subject to Minnesota sales tax.

SECTION A – Dealer Information					
Dealer Name			Dealer Number:		
Street					
City	State	Zip	County		
SECTION B – Manufacturer/Distribut	or Information				
Name of Manufacturing Company:					
Make of Vehicle:					
Name of Authorized Representative:					
Authorized Representative's Position:					
SECTION C - AGREEMENT	_			_	_
I, as an authorized representative o form has an agreement with the ma of our manufacture.					
This is a written agreement with	DEALERSHIP OWNER, OF	FICER, OR PARTNER	as	POSITION	
and will begin	to				
unless sooner terminated and notice	e of such termination	on is filed wit	h the Minnesota Depa	rtment of Public	Safety

Driver and Vehicle Services division.

SIGNATURE	OF MANUFACTURER''S AUTHORIZED REPRESENTATIVE	DATE
Signed and sworn	before me by	_
Signed and sworn This	day of	_
•		_

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