



APPLICATION FOR DEALER/DISMANTLER LICENSE

For Year

| PRINCIPAL PLACE OF BUSINESS | MAILING ADDRESS (If Different) |
|------------------------------|---|
| Business Ownership | Business Name |
| DBA | Address |
| Street Address | City, State, Zip Code |
| City, State, Zip Code | Business Fax Number(s) |
| Business Telephone Number(s) | Federal Identification Number |
| E-mail Address | Briefly State the Nature of this Business |

| CHECK TYPE OF OWNERSHIP OF BUSINESS | CHECK TYPE OF LICENSE BEING APPLIED FOR | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------|--|-------------------|--|--|------------------|--|-------------------|--|-------------------------------------|-----------------|--|--------------|--|---------------------------------------|--|--|--|--|--------------------------------------|--|--|--|--|
| <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub-S <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ _____ _____ | <p style="text-align: center;">Indicate Condition</p> <table border="0"> <tr> <td><input type="checkbox"/> Retail Dealer</td> <td>Vehicle</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> <td>Commercial</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> </tr> <tr> <td><input type="checkbox"/> Wholesaler Only</td> <td>Equipment</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> <td>Motorcycle</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> </tr> <tr> <td><input type="checkbox"/> Dismantler</td> <td>Trailers</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> <td>Boats</td> <td><input type="checkbox"/> New <input type="checkbox"/> Used</td> </tr> <tr> <td><input type="checkbox"/> Manufacturer</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Distributor</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">Indicate condition of vehicle being processed. <input type="checkbox"/> New <input type="checkbox"/> Used</p> | <input type="checkbox"/> Retail Dealer | Vehicle | <input type="checkbox"/> New <input type="checkbox"/> Used | Commercial | <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> Wholesaler Only | Equipment | <input type="checkbox"/> New <input type="checkbox"/> Used | Motorcycle | <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> Dismantler | Trailers | <input type="checkbox"/> New <input type="checkbox"/> Used | Boats | <input type="checkbox"/> New <input type="checkbox"/> Used | <input type="checkbox"/> Manufacturer | | | | | <input type="checkbox"/> Distributor | | | | |
| <input type="checkbox"/> Retail Dealer | Vehicle | <input type="checkbox"/> New <input type="checkbox"/> Used | Commercial | <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wholesaler Only | Equipment | <input type="checkbox"/> New <input type="checkbox"/> Used | Motorcycle | <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Dismantler | Trailers | <input type="checkbox"/> New <input type="checkbox"/> Used | Boats | <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Manufacturer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Distributor | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUPPLEMENTAL LOCATION INFORMATION

If this business has additional (Supplemental) locations operating under this license number, list the name and address of the business(es). Attach separate sheet if necessary.

| Business Name and Street Address of Supplemental Location | Telephone Number |
|---|------------------|
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FRANCHISE DEALER INFORMATION

If you are a Franchise Dealer, provide manufacturer and product information. Attach separate sheet is necessary.

| Authorized Manufacturer | Product |
|-------------------------|---------|
| | |
| | |

CERTIFICATION

I hereby certify under penalty of perjury that I am the owner, partner, corporate officer or operating agent of the business described above, that all information given herein is true and correct to the best of my knowledge and fully understand that any person conducting this type of business without current license will be subject to penalties prescribed in Sections 66-4-1 and 66-8-9 of the Motor Vehicle Code.

Applicant's Printed Name _____ Title _____

Applicant's Signature _____ Date _____

| | |
|--|--|
| <p>LICENSE NUMBER ISSUED:</p> <p>DATE:</p> | <p style="text-align: center;"> NOTARY: Subscribed and sworn to before me at _____, this _____ day of _____, 19 ____. Signed _____ My commission expires: _____ </p> <p style="text-align: right;">SEAL</p> |
|--|--|