

License Class Change Application

Check Applicable Box: <input type="checkbox"/> Motor Vehicle Dealer (2580) <input type="checkbox"/> Powersports Dealer (2618)					
Dealer's Licensed Name		State Sales Tax Number		Dealer Number	
				Business Phone Number ()	
Current Licensed Address			Email Address		City
					State ZIP
1. I Hereby Request a Change of License Class					2. Desired Date of Change
From: <input type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> wholesale <input type="checkbox"/> auction					
To: <input type="checkbox"/> new *attach a copy of your franchise letter(s)* <input type="checkbox"/> used <input type="checkbox"/> wholesale <input type="checkbox"/> auction					
3a. Will the licensed location also change? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate new location below and answer b and c.)					
Street		City		County	State ZIP
					Business Phone Number ()
3b. Is the mailing address different for the new location? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate mailing address)					
Street				City	
				State ZIP	
3c. Is the new location owned/leased by the licensed entity. <input type="checkbox"/> Owned <input type="checkbox"/> Leased					
If leased, from whom					Lease expires
4. All Owners					
Full Name		Date of Birth		Home Address (Street, City, State, ZIP)	
				Social Security #	
				Home Phone ()	
				% Owned	
				()	
				()	
				()	
New/Used/Auction Dealers: Complete This Section					
5. I certify that the place of business listed above meets or will meet all the following requirements under Dealer Law and Regulation as of the date of licensing. (A box for each numbered requirement must be checked or the application will be rejected or delayed.)					
1. <input type="checkbox"/> Permanent enclosed office large enough to accommodate dealer's office		8. <input type="checkbox"/> Used exclusively for dealer business		9. <input type="checkbox"/> Property owned or <input type="checkbox"/> leased	
2. <input type="checkbox"/> Books & records stored safely and available for inspection at this location		10. <input type="checkbox"/> Permanent sign in place or <input type="checkbox"/> temporary sign in place with permanent sign ordered		11. <input type="checkbox"/> Sign displays licensed name (DBA)	
3. <input type="checkbox"/> Electrical service		12. <input type="checkbox"/> Sign's letters are at least 6 inches high		13. <input type="checkbox"/> Sign is visible to the major avenue of traffic	
4. <input type="checkbox"/> Adequate sanitary facilities (restrooms)		14. <input type="checkbox"/> Location photos attached: Four photos are required showing a full view of the lot and sign from across the street (at least 100 feet displaying the entire building and lot). One close-up photo of the office building and sign. A photo of the rest room and one photo of the inside of the office.			
5. <input type="checkbox"/> Space to display one or more vehicles					
6. <input type="checkbox"/> Hours of operation posted and open at least 3 days per week for a continuous four hours per day between 8 a.m. and 9 p.m. Please indicate days and hours of operation _____					
7. <input type="checkbox"/> Complies with local zoning requirements.					
6. In the past 10 Years has the applicant, any partner, any LLC member or manager, or any corporate stockholder, director or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to any felony or misdemeanor/crime, excluding traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give full details on a separate sheet including crime, type (felony or misdemeanor), date, place of conviction, sentence received, etc.					
7. Has the applicant, any partner, LLC member or manager, corporate stockholder, director or officer of said applicant ever:					
a. Had a motor vehicle dealer or salesperson's license application or license subjected to denial, or disciplinary action?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Had any other type of occupational license application or license (excluding driver's license) subjected to denial, or disciplinary action?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Filed or been declared bankrupt?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant.					
8. Does the applicant, any partner, LLC member or manager, or corporate stockholder, director or officer have a financial interest in any motor vehicle dealer's license in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide dealer name, number and state					
I have read the foregoing application and I know the contents thereof. All matters and things therein set forth are true under penalty of perjury in the second degree. I agree to conform to all rules and regulations promulgated by the Motor Vehicle Dealer Board. I do hereby appoint the Executive Secretary of the Motor Vehicle Dealer Board as my true and lawful agent for the service of process in any action which may be hereafter commenced against me on any claim for damages alleged to have been suffered by any person by reason of the violation of any of the terms and provisions of Motor Vehicle Dealer Law. I hereby authorize the release to Board agents of any and all records pertaining to my employment and criminal background.					
Signature				Title	
Printed Name				Date	
For Official Use Only					
CCIC Date		Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date Issued	
		Date:		Fee Required \$.00	

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.