

Application for Change of Location

Check Applicable Boxes				
<input type="checkbox"/> Primary location change	<input type="checkbox"/> Additional location change			
<input type="checkbox"/> Motor Vehicle Dealer	<input type="checkbox"/> Powersports Dealer	<input type="checkbox"/> Business Disposal Dealer		
The Motor Vehicle Dealer Board requires an application and fee for any location change to be submitted prior to the actual date of the change. Failure to provide proper notification may result in an additional late filing fee. Checks should be made payable to the Colorado Department of Revenue. The AID mailing address is listed at the top of this form. The physical address is: 1697 Cole Blvd., Suite 200-A, Lakewood CO 80401.				
Dealer Licensed Name		Dealer Number	Business Phone Number ()	
Current Licensed Address		City	State	Zip
Email Address				
1. I hereby request a change of license location to:				
Street Address		City		
County		State	Zip	Business Phone Number ()
2. Desired date of change (MM/DD/YY)				
3. Complete this section only if the mailing address is different for the new location.				
Street Address		City		State Zip
4. If there is an existing motor vehicle dealer at this location, provide the dealer name and dealer license number:				
Dealer Name			Dealer License Number	
New/Used/Auction Dealers				
I certify that the place of business listed above meets or will meet all the following requirements under Dealer Law and regulations as of the date of licensing. A line for each numbered requirement must be initialed or the application will be rejected or delayed.				
1. _____ Permanent enclosed office large enough to accommodate dealer's office	7. _____ Complies with local zoning requirements.			
2. _____ Books and records stored safely and available for inspection	8. _____ Used exclusively for dealer business			
3. _____ Electrical service	9. _____ Property owned or _____ If Leased - attach a copy of this lease			
4. _____ Adequate sanitary facilities (<i>restrooms</i>)	10. _____ Permanent sign in place or _____ Temporary sign in place with permanent sign ordered			
5. _____ Space to display one or more vehicles	11. _____ Sign displays licensed name (<i>DBA</i>). The sign or device must identify the dealer by its licensed name and be clearly visible to the public from outside the building that houses the dealership or from the public entry area of the building that houses the dealership.			
6. _____ Hours of operation posted and open at least 3 days per week for a continuous four hours per day between 8am and 9pm. Please indicate days and hours of operation: _____	12. _____ I have attached a copy of my Bond Rider.			
Wholesalers Only				
I am applying as a wholesaler and certify that I have the required office to conduct my business at the above location.		My residence phone number is: ()	Email Address	
All Applicants: Read, sign and date this section				
I declare under penalties of perjury in the second degree (Class 1 Misdemeanor) that the above information is true and accurate. I realize that my place of business is subject to inspection and any false statement regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, co-partner, LLC member/manager, or corporate officer have authority to sign this request.				
Signature (owner, partner, LLC member/manager, or corporate officer)			Title	Date (MM/DD/YY)
Printed Name				
For Office Use Only	Effective Date (MM/DD/YY)	Process Date (MM/DD/YY)	Fee Required & Submitted \$	