



Additional Location Affidavit

Please complete this form and return it to the above address with a check payable to the Colorado Department of Revenue. The additional location must operate in the **same licensed name** as the main location. (Do **not** use this form if the location will operate in a different DBA. An original application, bond, and fee will be required for the new DBA.)

Check one: **Motor Vehicle Dealer (2525)** **Powersports Dealer (2616)**

Dealer's Licensed Name	Dealer Number	Dealer Email	Business Phone Number ()	
Primary Location Address		City	State	ZIP

1. I hereby notify the Board of the following additional location

Street	City	County	State	ZIP	Business Phone Number ()
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2. The desired opening date is:

3. 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.**

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| 1. _____ Permanent enclosed office large enough to accommodate dealer's office
2. _____ Books & records stored safely and available for inspection
3. _____ Electrical service
4. _____ Adequate sanitary facilities (restrooms)
5. _____ Space to display one or more vehicles
6. _____ 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. _____ Complies with local zoning requirements.
8. _____ Used for dealer business
9. _____ Property owned or _____ If Leased - attach a copy of this lease
10. _____ Permanent sign in place or _____ temporary sign in place with permanent sign ordered
11. _____ Sign displays licensed name (DBA). 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. |
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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 statements 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 (<i>owner, partner, LLC member/manager, or corporate officer</i>)	Title
Printed Name	Date (MM/DD/YY)

For Office Use Only	Effective Date (MM/DD/YY)	Process Date (MM/DD/YY)	Fee Required & Submitted \$
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