



## Place of Business Affidavit

Dealer/Licensed Name/DBA		Dealer Number, if Already Licensed	
License Address			
City	County	ZIP	Business Phone (    )
<b>Check Applicable Boxes</b>			
<input type="checkbox"/> New Application <b>Type:</b> <input type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> wholesaler <input type="checkbox"/> auction			
<b>Check Applicable Box</b>			
<input type="checkbox"/> Motor Vehicle Dealer <input type="checkbox"/> Powersports Dealer			
<b>New/Used/Auction Dealers</b>			
I certify that the place of business listed above meets <b>or will meet</b> all the following requirements under Motor Vehicle Dealer Law and Regulations as of the date of licensing. <b>A line for each numbered requirement must be initialed or the application will be rejected or delayed.</b>			
<b>1.</b> _____ Permanent enclosed office large enough to accommodate dealer's office	<b>7.</b> _____ Complies with local zoning requirements		
<b>2.</b> _____ Books and records stored safely and available for inspection	<b>8.</b> _____ Used exclusively for dealer business		
<b>3.</b> _____ Electrical service	<b>9.</b> _____ Property owned or _____ If Leased, attach a copy of this lease		
<b>4.</b> _____ Adequate sanitary facilities ( <i>restroom</i> )	<b>10.</b> _____ Permanent sign in place or _____ temporary sign in place with permanent sign ordered		
<b>5.</b> _____ Space to display one or more vehicles	<b>11.</b> _____ 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.		
<b>6.</b> _____ 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: _____			
If there is an existing motor vehicle dealer at this location, provide the dealer name:			Dealer License Number
<b>Wholesalers Only</b>			
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	
<b>Applicants MUST Read, Sign and Date this Section</b>			
I declare under penalties of perjury in the second degree ( <b>Class 1 Misdemeanor</b> ) 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 affidavit.			
Signature of owner, partner, LLC member/manager or corporate officer			Title
Printed Name			Date (MM/DD/YY)