



Motor Vehicle Dealer Board Dealer/Wholesale License Application Addendum

Instructions: A DR 2109-B must be completed for each owner, partner, LLC member, or manager, corporate stock holders, director, or officer.

Name (Please Print)	Date of Birth	Social Security Number	Email
Title (Check Appropriate Box): <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Sec./Treasurer <input type="checkbox"/> Manager/Member <input type="checkbox"/> Stockholders			
In the past 10 years have you been arrested or charged with, convicted of or pled no contest to any felony or misdemeanor or crime excluding traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give full details including: type felony/misdemeanor, charges offense details, date and location of convictions, sentence received, current status (release, probation, parole), etc. Please attach additional pages if needed.			
Date	City, County, State	Offense	Sentence
Have you ever: 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 Filed or been declared bankrupt in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Any yes answer must be explained fully in a separate letter signed and dated.			
Had any other type of occupational license application or license (excluding driver license) subjected to denial or disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give full details and attach additional pages if needed.			
Do you have a financial interest in any motor vehicle dealer's license in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide dealer name, license number and state.			
Do you have ownership of 1% or more financial interests in any manufacturer in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide manufacturer name, license number and state.			
I declare under penalty of perjury in the second degree that the statements made on this application are true and complete to the best of my knowledge.			
Signature			Date