



## 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	
<b>1. I Hereby Request a Change of License Class</b> From: <input type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> wholesale <input type="checkbox"/> auction To: <input type="checkbox"/> new <b>*attach a copy of your franchise letter(s).</b> <input type="checkbox"/> used <input type="checkbox"/> wholesale <input type="checkbox"/> auction			<b>2. Desired Date of Change</b>		
<b>3a. Will the licensed location also change?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate new location below and answer b.)					
Street		City	County	State ZIP	Business Phone Number ( )
<b>3b. Complete this section only if the mailing address is different for the new location.</b>					
Street		City	State	ZIP	
<b>4. All Owners</b> Submit Form DR 2109-B Addendum to Original Application. This form must be completed for each owner, partner, LLC member, or manager, corporate stock holders, director, or officer.					
<b>New/Used/Auction Dealers</b>					
<b>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 line for each numbered requirement must be initialed or the application will be rejected or delayed.</b>					
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.	
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 (MM/DD/YY)		
<b>For Official Use Only</b>					
Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date Issued (MM/DD/YY)	Fee Required	
Date:				\$	