



Place of Business Affidavit

Dealer/Licensed Name/DBA		Dealer Number, if Already Licensed	
License Address			
City	County	ZIP	Business Phone ()
Check Applicable Boxes			
<input type="checkbox"/> New Application Type: <input type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> wholesaler <input type="checkbox"/> auction			
Check Applicable Box			
<input type="checkbox"/> Motor Vehicle Dealer <input type="checkbox"/> Powersports Dealer			
New/Used/Auction Dealers: Complete this section			
I certify that the place of business listed above meets or will meet all the following requirements under Motor Vehicle Dealer Law and Regulations as of the date of licensing. (A box for each numbered requirement must be checked or the application will be rejected or delayed)			
1. <input type="checkbox"/> Permanent enclosed office large enough to accommodate dealer's office 2. <input type="checkbox"/> Books & records stored safely and available for inspection 3. <input type="checkbox"/> Electrical service 4. <input type="checkbox"/> Adequate sanitary facilities (restroom) 5. <input type="checkbox"/> Space to display one or more vehicles 6. <input type="checkbox"/> 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: _____ _____	8. <input type="checkbox"/> Used exclusively for dealer business 9. <input type="checkbox"/> Property owned or <input type="checkbox"/> leased 10. <input type="checkbox"/> Permanent sign in place or <input type="checkbox"/> temporary sign in place with permanent sign ordered 11. <input type="checkbox"/> Sign displays licensed name (dba) 12. <input type="checkbox"/> Sign's letters are at least 6-inches high 13. <input type="checkbox"/> Sign is visible to the major avenue of traffic 14. <input type="checkbox"/> Location photos attached: Four photos are required showing a full view of the lot and sign from across the street (<i>at least 100 feet displaying the entire building and lot</i>). One close-up photo of the office building and sign. A photo of the rest room and one photo of the inside of the office.		
7. <input type="checkbox"/> Complies with local zoning requirements.			
If there is an existing motor vehicle dealer at this location, provide the dealer name:			Dealer License Number
Wholesalers: Complete this section			
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 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)