

NAME
OL NUMBER

OCCUPATIONAL LICENSING SECTION

**PROPERTY USE VERIFICATION FOR
 VEHICLE DEALER'S LICENSE**

Instructions: This form is to be completed (*in ink*) by an official of the agency responsible for property use in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

In connection with an application for a Vehicle Dealer's License to be submitted to the Department of Motor Vehicles by:

APPLICANT'S NAME		PRESENTLY ZONED	
BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

I hereby certify that the property located above is (*check one of the following*):

- Approved for the operation of Vehicle Retail Sales (office, sign, and display area **mandatory**).
- Approved for the operation of a Vehicle Dealer-Wholesale Only, no retail sales (office **mandatory**).
- Approved for the operation of a Vehicle Autobroker, no retail sales (office and sign **mandatory**).
- Not approved for the operation of a vehicle dealer business.

SIGNATURE X	TITLE
AGENCY	CITY, COUNTY, OR CITY AND COUNTY
DATE	AREA CODE/TELEPHONE NUMBER ()

