

**MOTOR VEHICLE DEALER LICENSE APPLICATION
FOR INITIAL LICENSE OR RENEWAL**

FOR LICENSE YEAR ENDING _____

ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD:

YES NO IF YES, PLEASE INDICATE DEALER NUMBER _____

OFFICE USE ONLY	
P.C.T. & O. FEE	SLS FEE
AMT. OF CHECK	TOTAL FEE
OVERPAY	CHECK NO.
RETURN OVERPAY FOR APPROVAL	ASMT. FEE
CLERK'S INITIALS	

1. If you are a Motor Vehicle Dealer, please indicate which of the following applies. (Check only one.) See letter for additional information.

- F - \$350/Fund
 K - \$100,000 Bond (submit copy)
 M - Million-Dollar Bond Umbrella Bond (submit proof of Umbrella Bond)

2. TYPE OF APPLICATION

Important note: if this is an initial or change in location application, Virginia dealer must submit proof of local zoning ordinance approval with this application.

- INITIAL APPLICATION RENEWAL APPLICATION
 CHANGE (EXPLAIN) _____

Authorized Changes: address change, name change, add/delete manufacturer or distributor, ownership change, and relocation.

3. TYPE OF MOTOR VEHICLE DEALER LICENSE(S) Check all that apply:

- FRANCHISED MOTOR VEHICLE INDEPENDENT MOTORCYCLE
 FRANCHISED MOTORCYCLE INDEPENDENT MOTOR HOME
 FRANCHISED MOTOR HOME INDEPENDENT TRAILER
 FRANCHISED TRAILER
 PROGRAM DEALER
 INDEPENDENT MOTOR VEHICLE
 DISTRIBUTOR MANUFACTURER FACTORY/DIST. BRANCH

4. NAME OF BUSINESS		TRADING AS NAME	BUSINESS HOURS (LIST AS POSTED)
BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE)		CITY	ZIP CODE
<input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY	JURISDICTION OF BUSINESS	DEALER-OPERATOR (PERSON OPERATING BUSINESS)	
DEALER'S SOCIAL SECURITY OR EMPLOYER ID NUMBER		DEALER'S BUSINESS PHONE	DEALER-OPERATOR HOME/CELL PHONE NUMBER
DEALER'S EMAIL ADDRESS		DEALER'S WEBSITE ADDRESS	

PRIVACY STATEMENT

In accordance with Virginia Code §§ 2.2-803, 2.2-4807 and 58.1-520 et seq, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

5. TYPE OF OWNERSHIP. CHECK ONE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	STATE IN WHICH INCORPORATED	
6. Give the name, title and residential address of each owner, partner and/or officer of this business. Use additional sheet(s), if necessary, and attach.		
NAME	TITLE	ADDRESS

FRANCHISED DEALERS - DISTRIBUTORS - MANUFACTURERS - and FACTORY BRANCHES: Read instructions below and complete Sections 7 and 8.
ALL OTHER APPLICANTS: Go to Section 8.

7. FRANCHISED DEALERS and DISTRIBUTORS. List the manufacturer(s) and/or distributor(s) with whom you have a franchise or sales agreement.
FRANCHISED DEALER. Attach a copy of the Franchise and service agreement with manufacturer or distributor if this is an initial application.
MANUFACTURER, DISTRIBUTOR and FACTORY BRANCH. Only list line-makes of vehicles to be sold in this state. DO NOT list models as line-makes.
 Use additional sheet(s), if necessary, and attach.

MANUFACTURER/DISTRIBUTOR	ADDRESS	LINE-MAKES

8. FRANCHISED DEALERS ONLY. List name and address of individual awarded franchise(s) or sales agreement(s). Use additional sheet(s), if necessary, and attach.

NAME

ADDRESS

CITY

STATE

ZIP CODE

9. Read each question below and check the appropriate response

YES

NO

A. Has any owner, partner, officer or Dealer-Operator of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or has his/her license or certificate suspended or revoked?

B. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of a felony?

C. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?

D. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?

E. Has any owner, partner, or officer or Dealer-Operator of business ever been convicted of odometer tampering or any related violation?

F. Has any owner, partner, director, officer or Dealer-Operator committed any act or omitted any duty, with the result being administrative action taken by the Board or DMV?

G. If the answer to any of the above questions is YES, please explain on a separate sheet (include names, dates, court jurisdictions and result of administrative proceedings).

H. Are all of your licensed salespersons employees of the dealership and **not** independent contractors?

10. CERTIFICATION. Read and certify by signing below.

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER, PARTNER, OFFICER OF THE BUSINESS NAME (print)

NAME OF BUSINESS

OWNER, PARTNER, OR OFFICER OF THE BUSINESS SIGNATURE

DATE (mm/dd/yyyy)

11. DEALER RENEWALS ONLY:

PROCESSING FEE - List the amount charged by the dealer for any item designated as "processing fee" on the buyers order form \$ _____. If a processing fee is not charged, enter "none".

The number of license plates authorized by the enclosed DLD-9 is based on the total number of retail sales to Virginia residents. You are authorized to obtain a total number of dealer license plates based on total sales. If you require additional license plates and have proof of other sales, please indicate the volume below:

Retail sales (out-of-state) _____ Wholesale sales _____

Please complete and certify the attached DLD-21 to identify the additional vehicles sold at wholesale or to out-of-state residents. You may use alternative automated reporting if the required information is included. Return with this application

REMINDER: Please include all required supporting documents and proper fees.