

MOTOR VEHICLE DEALER BRANCH LOCATION OR RELOCATION APPLICANT REQUIREMENT TABLE
(in conjunction with information provided on application form)

Please read the "Requirements for License" sheet carefully. This table is for your use to help you ensure that you submit all the required information along with your application form. Missing, incomplete, or inaccurate application forms will delay the processing of your application.

Fees

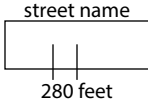
	Honolulu	Neighbor Island
Branch Location	\$552/\$300	\$368/\$208
Relocation	\$50	\$50

Self-Inspection Report

Written description of premises MUST include:

a. all abutting street names	c. description of where restrooms are located
b. description of where office is located	d. description of location of 3 display stalls if no show-room

Drawing of premises ("site plan") MUST show:

a. all buildings	c. boundaries and measurements of proposed premises -ingress, egress, street name, and building(s)
b. location of the office, the customer restroom, and if no show room, then 3 display stalls - minimum	Ex. 

Photographs

All photos are to be 1) clearly labeled and 2) submitted on separate sheets of paper (8 1/2" x 11" only)

-if no show room, show display area consisting of minimum of applicant's 3 display stalls where at least 3 motor vehicles having an avg wheel base of 90 inches can be displayed at one time;	-the restrooms - exterior and interior
-is applicant sharing space with another business? If "YES", the 3 stalls MUST be marked with the same name that he/she is listing on the application (stencil okay)	
-if trailer or portable-type offices, wheels must be removed and trailer must be on blocks;	
-applicant's office (inside and out)	-the exterior of the building
-is applicant sharing space with another business? If "YES", applicant MUST include photos showing his/her secured office where his/her client files and confidential materials will be securely kept; cannot share actual office with another business	

Rental or Lease Agreement

From _____ to _____

- ☐ minimum term of 1 year from date application is submitted
- ☐ terms of agreement (cannot be a letter)
- ☐ signed by both parties
- ☐ name and address **MUST** be the same as information on the application form
- ☐ if applicant owns property, need proof of ownership

Trade Name

- ☐ Current "file-stamped" copy of "Application for Registration of Trade Name" approved by BREG if you are adding, changing your trade name.

ADDITIONAL REQUIREMENTS FOR NEW DEALERS ONLY

Franchises	Repair Dealer (RD - _____)
Copy of executed Dealer's Sales and Service Agreement from the manufacturer or distributor attesting that applicant is authorized to sell or distribute such new motor vehicles in the state or the respective county;	Current license? _____
Total number of agreements: _____	

Print Form

REQUIREMENTS FOR LICENSE - MOTOR VEHICLE DEALER BRANCH LOCATION OR RELOCATION

Access this form via website at: hawaii.gov/dcca/pvl

APPLICATION & SUPPORTING DOCUMENTS

APPLICATION

Complete the on-line or attached application form. Type or print legibly in dark ink. If applicant is a partnership, all partners must sign. Applicants are subject to requirements in effect at time of filing.

- **Failure to provide all the requested information will delay the processing of your application.**

SELF-INSPECTION REPORT

Applicant must **ATTACH** a self-inspection report which includes a written description of the premises, including a drawing of the premises showing measurements of all facilities, including the boundaries of the proposed premises and sanitation facilities. Do not submit construction plans or architectural construction documents.

If you intend to share the premises with any other businesses, you must comply with the licensing requirements as though the premises are not shared. Your display stalls and office areas must be clearly marked with the applicant's name so that the public is not confused about the motor vehicle dealer with whom they are transacting business. Sharing of office space is strictly prohibited.

If your office is a trailer or portable-type of office, the wheels shall be removed and the trailer put up on blocks.

PHOTOGRAPHS

Attach photographs of proposed premises including your building's display area (minimum of 3 display stalls where you can display, at any one time, at least three motor vehicles having an average wheel base of 90 inches), your office (inside and out), and sanitation facilities.

Photographs must be clearly labeled on separate sheets of paper size 8 1/2" x 11". All photographs must be clear. Blurry, dark and pictures that cannot be deciphered will be rejected.

RENTAL or LEASE AGREEMENT

Attach a copy of the executed lease or rental agreement for the premises. The lease or rental agreement shall be for a minimum term of one (1) year from the date application is submitted, and contain the terms of the agreement and be signed by both parties. The name AND address on the lease or rental agreement **MUST** be the same name AND address as provided on the application form. If your lease is a sublease or an assignment of lease under a master lease, the applicant shall attest that the sublease/assignment is authorized by the lessor.

FRANCHISE (NEW DEALER ONLY)

Attach an executed copy of any new Dealer's Sales and Service Agreement(s) from the manufacturer or distributor attesting that the applicant is authorized to sell or distribute such new motor vehicles to be sold in the state or at this location.

REPAIR FACILITIES (NEW DEALER ONLY)

Repair dealers are required to be registered with the Motor Vehicle REPAIR Industry Board as a motor vehicle repair dealer in compliance with Chapter 437B, Hawaii Revised Statutes.

If you do not have repair facilities of your own and will be having your work done by a licensed repair dealer, **ATTACH** a signed certification letter from the repair dealer.

TRADENAME

If applicant will be using a tradename at this branch location, **attach a current** "filed-stamp" copy of the **"Application for Registration of Tradename"** approved by the Business Registration Division. You may contact them at (808) 586-2727.

LICENSED MOTOR VEHICLE SALESPERSONS

On the application, list the name(s) and license number(s) of **all** currently licensed car salespersons who will be employed at this location. If they are presently with another employer, submit completed transfer forms and \$10 for each, or if not licensed, attach completed motor vehicle salesperson application and fee.

(CONTINUED ON PAGE 2)

**FEES -
BRANCH OFFICE**

Attach the appropriate fee. Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If applying between July 1, even-numbered years and June 30, odd-numbered years, pay:

New & Used Vehicle Dealer & Motorcycle-Scooter - Honolulu	\$552
(Application - \$50*, License fee - \$184, CRF - \$134, 1/2 Renewal - \$184)	
New & Used Vehicle Dealer & Motorcycle-Scooter - Islands.	\$368
(Application - \$50*, License fee - \$92, CRF - \$134, 1/2 Renewal - \$92)	

If applying between July 1, odd-numbered years and June 30, even-numbered years, pay:

New & Used Vehicle Dealer & Motorcycle-Scooter - Honolulu	\$300
(Application - \$50*, License fee - \$184, CRF - \$66)	
New & Used Vehicle Dealer & Motorcycle-Scooter - Islands.	\$208
(Application - \$50*, License fee - \$92, CRF - \$66)	

**FEE -
RELOCATION**

Attach \$50* application fee. Make check payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

**Application fees are nonrefundable.*

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**ZONING
COMPLIANCE**

To verify whether your proposed premise complies with the respective county ordinance(s), contact the county where your premise is located:

City and County of Honolulu
Department of Planning & Permitting
650 So. King St.
Honolulu, HI 96813
Phone: 768-8252

County of Hawaii
Planning Department
EAST HI: Aupuni Center, 1010 Pauahi St., Suite 3
Hilo, HI 96720
Phone: 961-8288

WEST HI: Hanama Place, 75-5706 Kuakini Hwy., Suite 109
Kailua-Kona, HI 96740
Phone: 327-3510

County of Maui
Planning Department
Kalana Pakui Bldg.
250 S. High St., Suite 200
Wailuku, HI 96793
Phone: 270-7253

County of Kauai
Planning Department
444 Rice St., Suite 473
Lihue, HI 96766
Phone: 241-6677

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**BOARD'S
ADDRESS**

Mail all required items to:

*Motor Vehicle Industry Licensing Board
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

Deliver to office location at:

*335 Merchant Street, Rm. 301
Honolulu, HI 96813
Phone: (808) 586-3000*

INFORMATION & MAINTENANCE OF LICENSE

**BIENNIAL
RENEWAL**

All licenses, **regardless of issue date**, are subject to renewal on or before June 30 of each EVEN-NUMBERED year. Notices of renewal are mailed approximately 6 weeks prior to the expiration date. If a notice is not received, contact the Board's office. **IF YOU DO NOT RENEW BY JUNE 30 - EVEN NUMBERED YEAR - YOU WILL BE REQUIRED TO APPLY AS A NEW APPLICANT, MEET ALL CURRENT REQUIREMENTS AND SUBMIT ALL DOCUMENTS AND FEES AGAIN!**

CHANGES

Notify the Board in writing and file all appropriate applications when required, for all changes affecting the license such as business location, business name, branch office locations, franchises obtained/terminated and salesperson hired/terminated.

LAWS & RULES

To obtain a copy of the laws, Chapter 437, HRS, and rules, Chapter 86, HAR, of the Motor Vehicle Industry Licensing Board, send a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law should be read in conjunction with Chapter 437 and Chapter 86.

The laws and rules are also posted on our website at: hawaii.gov/dcca/pvl. Click on "Motor Vehicle Industry".

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

**APPLICATION FOR BRANCH LOCATION and
APPLICATION FOR RELOCATION - MOTOR VEHICLE DEALER**

Access this form via website at: hawaii.gov/dcca/pvl

Check the type of application being made:

☐ New Branch Location MVD - _____

☐ Relocation of Main Office MVD - _____

Former Location: _____

☐ Relocation of Branch Office MVB - _____

Former Location: _____

Name of Applicant: (If Individual, First-Middle-Last; or name of Corp., Partnership, LLC or LLP)

Trade Name: (If any used)

Address of NEW Location (Include street address, city, state and zip code)

Mailing Address (**ONLY** if different from new location):

Phone No. (days):

Social Security No. (if applicant is individual)

FOR BOARD USE ONLY

To Exec Officer:

Approved: ☐

Date:

License No.

Effective Date:

New Dealer Only (check one):

☐ Own repair facilities

☐ To be done by garage

RD # _____ or RD # _____

date applied on _____ (attach letter)

List LEGAL NAME(S) & LICENSE NUMBER(S) of all currently licensed salespersons: (Attach transfer forms and \$10 if they are employed by another dealer OR attach new application for license and fee).

Name

License No.

Name

License No.

_____ CS - _____

_____ CS - _____

_____ CS - _____

_____ CS - _____

_____ CS - _____

_____ CS - _____

List Make(s) and attach copy of Dealer's Sales & Service Agreement

1. _____

3. _____

2. _____

4. _____

Are there any other persons engaged in the selling, displaying, offering for sale, or dealing in motor vehicles other than those listed above? If "YES", attach explanation.

☐ YES ☐ NO

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This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Name of Applicant: _____

Date: _____

IF THERE HAVE BEEN ANY CHANGES IN THE OPERATIONS, OR OF PRINCIPALS, OFFICERS, MANAGERS OR MEMBERS OF THE DEALERSHIP, COMPLETE APPROPRIATE SECTIONS BELOW (If no changes, write "no changes" and go directly to the bottom of this page and sign the application).

ENTITY	Name	Residence Address <i>(Include Apt. No., City, State & Zip Code)</i>	Phone No.
	President, Partner, Manager or Member		
	Vice-President, Partner, Manager or Member		
	Secretary, Partner, Manager or Member		
	Treasurer, Partner, Manager or Member		

List EMPLOYMENT RECORD of all new principal(s), officer(s), manager(s) or member(s). Include such information as: Dates (mo/yr) of employment, position title; and employer's name, business address and phone, and nature of business. Account for all time including periods of unemployment, school and military service. Use supplemental sheet if necessary.

I/We hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I/We certify that our premise is in compliance with Chapter 437, Hawaii Revised Statutes and Chapter 86, Hawaii Administrative Rules and that I/we have verified with the respective county that the premise is zoned to conduct motor vehicle dealer activity.

I/We hereby certify that if the applicant's lease is a sublease or an assignment of lease, the master lessor/lease agreement authorizes such sublease or assignment of lease.

I/We further certify that I have read and will abide by the provisions of Chapter 437, Hawaii Revised Statutes and Chapter 86, Hawaii Administrative Rules.

I/We understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 437-28, Hawaii Revised Statutes).

Signature

Print Name: _____

Title: _____

Date

Signature

Print Name: _____

Title: _____

Date

Print Name of Applicant: _____

Date: _____

Release of information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

Print Form