

Dealer License: Original and Renewal Application

MVD Use Only

1003 Buckskin Drive, Deer Lodge, MT 59722-2375 • Phone (406) 444-3661 Fax (406) 846-6039 • mvdtitleinfo@mt.gov

I hereby make application to sell the following type of vehicles for the year 20 .

Indicate with an X the vehicle type(s) you will sell.									
New Motor Vehicles [to include cars, trucks, rugged terrain (sport utility), vans, and buses] New Trailers New Motorhomes (RVs) New Snowmobiles New Motorcycles New Quadricycles (includes quadricycle-like vehicles) New Special Mobile Equipment									
Used Motor Vehicles [to include cars, trucks, rugged terrain (sport utility), vans, and buses] Used Trailers Used Motorhomes (RVs) Used Snowmobiles Used Motorcycles Used Quadricycles (includes quadricycle-like vehicles) Used Boats (includes personal watercraft) Used Special Mobile Equipment									
Auto Auction License An auto auction may only auction used motor vehicles, motorcycles, power sports vehicles, or trailers to licensed motor vehicle dealers, wholesalers, or wrecking facilities.									
Wholesale License A wholesaler is authorized to sell used motor vehicles, motorcycles, power sports vehicles, or trailers. A wholesaler may only sell to a licensed dealer, auto auction, or another wholesale dealer.									
☐ Broker License A broker engages in the business of offering to procure or procuring a motor vehicle, trailer, semitrailer, pole trailer, travel trailer, motorboat, personal watercraft, snowmobile, or off-highway vehicle on behalf of another by negotiating purchases, contracts, sales, or exchanges on behalf of another and who does not store, display, or take ownership of above-mentioned vehicle.									
New Manufactured Home License A manufactured home dealer is authorized to sell any new manufactured home that is covered under a franchise agreement, or any used manufactured home, and to negotiate the purchase, sale, or exchange of a manufactured home.									
Business Name:									
DBA Name (if applicable):									
Business Street Address:									
City:	County:		State:	Zip:					
Mailing Address:									
City:	County:		State:	Zip:					
Business Phone Number (must be listed with directory assistance):									
Fax Number:	Toll-Free Num	ber:							
E-Mail:	Federal Tax or	Corporate ID Numbe	er:						
Complete this portion if selling <u>new</u> motor vehicles, motorhomes (RVs), motorcycles, snowmobiles, quadricycles, or personal watercraft. Franchise agreement with:									
Franchisor	Address		Vehicle Typ	e(s)					
The manufacturer must be license	d with the MVD before	any vehicle can be o	distributed v	within Montana.					

State the full legal name, home address, date of birth, social security number, and driver license number or tribal identification number of each person who has an ownership interest in the dealership. If the licensee is a corporation, the same information for the corporate officers must be provided, indicating capacity. (Corporate officers are defined as the people with day-to-day responsibility for running the corporation.) **Please print.** Additional owners or corporate officers must use a copy of this page.

Full Legal Name (as shown on your government-issued ID)	Residential & Mailing Address (street/city/state/zip)	Date of Birth	Social Security No.	Driver Licen: Tribal ID N	No.	Corporate Capacity				
1.										
Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere? YesO No If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results:										
Interests in Other Dealerships: Does the individual listed above have ownership interest in another dealership or wholesaler in Montana or elsewhere? Yes No If yes, provide the name and address of each dealership or wholesaler										
2.										
Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere? Yes No If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results:										
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3.										
Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere? Yes No If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results:										
Interests in Other Dealerships: Does the individual listed above have ownership interest in another dealership or wholesaler in Montana or elsewhere? Yes No If yes, provide the name and address of each dealership or wholesaler										
Section B: Person designated to manage the business If a person other than the owners or corporate officers listed above is designated to manage the business, complete this section. Please print.										
Full Legal Name (as shown on your government-issued ID)	Residential & Mailing Address (street/city/state/zip)	Date o	of Birth Social Se	ecurity No.	ID	ense or Tribal) No. i t a copy)				
1.										
Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere? YesO NoO If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results:										
Section C: Certification By signing this application, I authorize the insurance company to release all general liability insurance policy information to the State of Montana, Title and Registration Bureau. I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that the statements made and information contained in this application are true and correct to the best of my knowledge, information, and belief, and if signing for a commercial entity, I have full authority to do so. All owners must sign this application. If signing for a corporation, only one signature is required.										
Date Sign	nature of owner/corporate officer (if corporate	officer, give t	itle)							
ate Additional owner signature										
Date Add	e Additional owner signature									
Date Add	Additional owner signature									