



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
NEIL KIRKMAN BUILDING-TALLAHASSEE, FLORIDA 32399-0500



**APPLICATION FOR A LICENSE AS A MOTOR VEHICLE,
MOBILE HOME, OR RECREATIONAL VEHICLE DEALER**

DMV USE ONLY

Do not use white out or correction tape on this application.

I hereby make application and submit the required documentation for an original license or modifications as:

- | | |
|--|--|
| <input type="checkbox"/> VF Franchised Motor Vehicle Dealer - 320.27, F.S. | <input type="checkbox"/> Original |
| <input type="checkbox"/> SF Franchised Motor Vehicle Service Facility - 320.642(6), F.S. | <input type="checkbox"/> Motorcycle Sales |
| <input type="checkbox"/> VI Independent Motor Vehicle Dealer - 320.27, F.S. | <input type="checkbox"/> Dealer Development Franchise (Attach copy of the Dealer Development Agreement & Management Agreement) |
| <input type="checkbox"/> VW Wholesale Motor Vehicle Dealer - 320.27, F.S. | |
| <input type="checkbox"/> VA Motor Vehicle Auction - 320.27, F.S. | <input type="checkbox"/> Modification |
| <input type="checkbox"/> BH Used Mobile Home Broker - 320.77, F.S. | |
| <input type="checkbox"/> DH Mobile Home Dealer - 320.77, F.S. | |
| <input type="checkbox"/> RV Recreational Vehicle Dealer - 320.771, F.S. | |
| <input type="checkbox"/> NI, NH, NR Non-Resident Dealer - 320.71, F.S. | Current License No.: _____ |

(For modifications, answer item 1. below)

FEID Number: _____ Sales Tax Number: _____

Social Security Number, if Sole Proprietor or Partnership: _____

Owner/Partner/LLC/LLP/LLLP or Corporation Name: _____

Fictitious Business Name (d/b/a): _____

Dealership Physical Address: _____
Street Address

City County State Zip Code

Mailing Address: _____
Street Address (Enter Mailing Address Even if Same as Physical Address)

City County State Zip Code

Telephone numbers: Home: _____ Mobile: _____

Office: _____ FAX No.: _____

E-Mail Address: _____

1. Modifications (check and answer applicable choices):

- | | |
|--|--|
| <input type="checkbox"/> Change of Location | Old Address: _____ |
| <input type="checkbox"/> Name Change | Former Name: _____ |
| <input type="checkbox"/> Adding a Franchise | Line - Make: _____ |
| <input type="checkbox"/> Deleting a Franchise | Line - Make: _____ |
| <input type="checkbox"/> Change of Mailing Address | Old Address: _____ |
| <input type="checkbox"/> Change of Supplemental Location to Main Location/
Main Location to Supplemental Location | Address of Main Location: _____ |
| <input type="checkbox"/> Supplemental Location | _____ |
| <input type="checkbox"/> Corporate Update | If application is approved, total number
of supplemental locations: _____ |
| <input type="checkbox"/> Postal Update | (DMV Use Only) |

LICENSE NUMBER
ISSUE DATE
DATE RECEIVED IN REGIONAL OFFICE
DATE COMPLETED IN REGIONAL OFFICE
DATE MAILED TO HEADQUARTERS
DATE RECEIVED IN DEALER LICENSE SECTION
AMOUNT
CHECK NUMBER
DMV/CRS PAYMENT NUMBER
FRVIS CUSTOMER NUMBER

Zone #: _____

Insp #: _____

2. If franchised, list authorized line makes for which you are licensed or are applying for a license: _____

If supplemental location is for used vehicles, enter "Used": _____

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3. Sole Proprietor Corporation Limited Liability Company/Partnership (LLC/LLP)
 Limited Liability/Limited Partnership (LLLLP) Partnership

A. OWNERS/PARTNERS:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code
_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code
_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

B. CORPORATE/LLC/LLP/LLLLP:

_____ Corporate Name

Corporate Headquarters Business Address	_____	City	State	Zip Code
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PRESIDENT/MEMBER/PARTNER:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

VICE PRESIDENT/MEMBER/PARTNER:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

SECRETARY/MEMBER/PARTNER:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

TREASURER/MEMBER/PARTNER:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

DIRECTOR/MEMBER/PARTNER:

_____	_____	_____	_____	(FRVIS Customer No. - DMV Use Only)
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address	_____	City	State	Zip Code

4. If the place of business is owned by applicant, date of acquisition: _____

Enter "LEASED" in the space above, if it is a leased location.

5. **Has the applicant, any partner, or any corporate officer or director:**

- YES NO Been convicted of a felony or equivalent charge anywhere?
- YES NO Been convicted of a felony or first degree misdemeanor for a violation of any provision of Chapter 319 or 320, Florida Statutes?
- YES NO Been convicted of a felony or first degree misdemeanor in any other jurisdiction for violation of motor vehicle laws (excluding parking and traffic laws)?
- YES NO Now facing criminal charges anywhere?
- YES NO Been denied a surety bond?
- YES NO Ever had a surety bond cancelled?
- YES NO Been a licensed dealer in Florida or any other jurisdiction?
State: _____ License #: _____
- YES NO Been denied or had dealer license suspended or revoked in Florida or any other jurisdiction?

(IF THE ANSWER TO ANY PART OF QUESTION 5 IS "YES", APPLICANT IS REQUIRED TO SUPPLY APPROPRIATE DOCUMENTATION. IN THE CASE OF A FELONY CONVICTION, PROOF OF RESTORATION OF THE APPLICANT'S CIVIL RIGHTS MUST ACCOMPANY THIS APPLICATION.)

If applicable, attach the following items to application:

- A true copy of property lease or proof of ownership;
- Fingerprint cards;
- Dealer training course completion document;
- Surety bond/irrevocable letter of credit (**DMV forms only**);
- Fictitious name registration. On-line access at www.sunbiz.org;
- Copy of certification from the Division of Corporation showing current registration of business to conduct business in the State of Florida (on-line access at www.sunbiz.org);
- Corporation papers, corporate meeting minutes showing the election of corporate directors; Article of Incorporation if the dealership is a Corporation or Incorporation; Articles of Organization if the dealership is a Limited Liability Company; or a Partnership Agreement if the dealership is a Partnership; and
- Garage Liability Insurance (GL) Certificate of Insurance showing coverages for \$25,000 combined single-limit including bodily injury and property damage, and \$10,000 personal injury protection.

For additional information, please refer to the Dealer License Instruction Booklet.

CERTIFICATIONS/STATEMENTS

Florida law requires applicants for various dealer licenses to provide certification or statements on a variety of issues. Please carefully read, complete, sign and date applicable certifications and statements.

Required of Motor Vehicle Dealer License Applicants

I certify that my business location provides an adequately equipped office and is not a residence; that the location affords sufficient unoccupied space upon and within which adequately to store all motor vehicles offered and displayed for sale; and that the location is a suitable place where I can in good faith carry on such business to maintain books, records, and files necessary to conduct such business, which will be available at all reasonable hours to inspection by the department or any of its inspectors or employees. I further certify that the business of a motor vehicle dealer is the principal business which shall be conducted at the location.

Signature

Date

Required of Mobile Home and Recreational Vehicle Dealer License Applicants:

I certify that my business location is a permanent one, not a tent or a temporary stand or other temporary quarters; and, except in the case of a mobile home broker, that the location affords sufficient unoccupied space to store all mobile homes and recreational vehicles offered and displayed for sale; and that the location is a suitable place in which I can, in good faith, carry on business, maintain books, records, and files necessary to conduct such business, which will be available at all reasonable hours for inspection by the department compliance examiners, inspectors or other department employees. I understand that this does not preclude a licensed mobile home dealer from displaying and offering for sale mobile homes in a mobile home park. I further certify that the business of a mobile home or recreational vehicle dealer is the principal business which shall be conducted at the location unless I am a mobile home park operator licensed as a mobile home dealer.

I plan to sell park models and recreational vehicles and understand the requirement to obtain Garage Liability Insurance.

Signature

Date

If no Federal Employer's Identification Number is obtained, the following statement is required of the applicant:

The individual owner(s) of the dealership is (are) performing all duties in the business. There are no employees in the dealership.

Signature

Date

Required of Recreational Vehicle Dealer License Applicants:

As an applicant for a recreational vehicle dealer license, issued pursuant to Section 320.771, Florida Statutes, I have not and will not enter into any agreement, written or oral, with any other person or business entity, which would constitute an unfair and deceptive trade practice in violation of Part II of Chapter 501, Florida Statutes.

Signature

Date

CERTIFICATION

(Must be completed by all dealership officers.)

Has the applicant, any partner, or any corporate officer or director:

- YES/NO Been convicted of a felony or equivalent charge anywhere?
YES/NO Been convicted of a felony or first degree misdemeanor for a violation of any provision of Chapter 319 or 320, Florida Statutes?
YES/NO Been convicted of a felony or first degree misdemeanor in any other jurisdiction for violation of motor vehicle laws (excluding parking and traffic laws)?
YES/NO Now facing criminal charges anywhere?
YES/NO Been denied a surety bond?
YES/NO Ever had a surety bond cancelled?
YES/NO Been a licensed dealer in Florida or any other jurisdiction?
State: License #:
YES/NO Been denied or had dealer license suspended or revoked in Florida or any other jurisdiction?

(IF THE ANSWER TO ANY PART OF QUESTION 5 IS "YES", APPLICANT IS REQUIRED TO SUPPLY APPROPRIATE DOCUMENTATION. IN THE CASE OF A FELONY CONVICTION, PROOF OF RESTORATION OF THE APPLICANT'S CIVIL RIGHTS MUST ACCOMPANY THIS APPLICATION.)

Under penalty of perjury, I do swear or affirm that the information contained in this application is true and correct and that applicant, if licensed, will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles.

I further certify that I am authorized to bind the application with my signature.

I understand that I must meet all zoning requirements and occupational license requirements that may be mandated by local or county ordinances.

Signature Typed Name and Title Date

NOTARIAL CERTIFICATE

STATE OF FLORIDA

COUNTY OF

The attached instrument was acknowledged before me on this date, / / by Mr./Mrs./Ms. who is personally known to me or who has produced as identification and who did take an oath.

(seal)

(Signature of Notary)
(Name of Notary, typed, printed or stamped)

Notary

(Title)
(Commission Serial Number)

Important:

This certification is required for each officer of the dealership. If necessary, please make copies of this page. After completing this certification for each officer; attach each copy to this application. Each certification must be notarized.

