



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DISTRIBUTOR'S LICENSE APPLICATION

BMV USE ONLY:

YES NO

Are you or your spouse a veteran or member of the armed forces or a surviving spouse of a veteran or member of the armed forces? (**NOTE:** a completed application with the required documentation of military status qualifies the applicant for an expedited application process, upon receipt.)
If "yes", please provide a copy of you or your spouse's DD214, an official military ID for verification, separation documentation, or other official military documentation approved by the board.

INITIAL **Note:** The issuance of a Distributor's License does not supersede local zoning. The State of Ohio (BMV) Dealer Licensing Section is the regulator of motor vehicle dealers, but does not pre-empt the enforcement by local authorities of zoning, health, safety codes, or laws. It is recommended that each applicant check zoning regulations applicable to the proposed facility with their local authority prior to making application.

INITIAL I affirm that I have completed the I-9 Employment Eligibility Verification form that is required to be on file with the employer under the Immigration Reform and Control Act of 1986, 8 USC 1324a (with the exception of sole proprietors).

INDICATE THE TYPE OF VEHICLES THAT WILL BE THE DEALERSHIP'S PRIMARY BUSINESS

New Motor Vehicles New Motorcycles New Trailers (over 4,000 lbs.) New All Purpose Vehicles

DEALERSHIP INFORMATION

EXACT BUSINESS NAME

BUSINESS STREET ADDRESS P.O. BOX # SUITE #

CITY STATE ZIP CODE

COUNTY BUSINESS TELEPHONE # ALTERNATIVE TELEPHONE #

BUSINESS E-MAIL ADDRESS

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) VENDOR'S #

REGISTERED DBA OR TRADE NAME

Indicate each **MAKE** that will be sold (Statements of Contract, BMV 4319, must be submitted for the makes listed below)

MAKE	MAKE	MAKE	MAKE	MAKE
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HOURS OF OPERATION

	OPEN	CLOSE		OPEN	CLOSE		OPEN	CLOSE
SUNDAY			WEDNESDAY			SATURDAY		
MONDAY			THURSDAY					
TUESDAY			FRIDAY					

BUSINESS ENTITY INFORMATION (Mark one and complete ownership information)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation (<i>President, Vice President, Treasurer, Secretary</i>)	<input type="checkbox"/> Limited Liability (<i>Members</i>)
<input type="checkbox"/> Partnership (<i>Partners</i>)	<input type="checkbox"/> Business Trust (<i>Trustee</i>)	<input type="checkbox"/> Other Registered Entity* _____

* Must include a copy of the registered business entity that has been filed with the Secretary of State. You may be required to show the registered ownership structure.

NOTE:

- **If a Member of a LLC is a corporation first list** the corporation's name, federal tax ID number, address and then list officer's name, address, and social security number of the applicant.
- **If a Partner of a partnership is a corporation first list** the corporation's name, federal tax ID number, address and then list officer's name, address, and social security number of the applicant.
- **If a Trustee of a business trust is a corporation first list** the corporation's name, federal tax ID number, address and then list officer's name, address, and social security number of the applicant.

NOTE: Ohio residents who are **owners, partners, president, members owning 10% or more, trustees or principal owners of any "other registered entity" ownership style MUST** be electronically fingerprinted and applicants must request the results be sent electronically to **direct copy "BMV Dealer Licensing"** at the web check locations in order for them to be forwarded to the BMV Dealer Licensing Section. (For a complete list of electronic fingerprinting locations in Ohio visit www.ohioattorneygeneral.gov.)

NOTE: Out-of-state applicants or those who qualify for electronic exemption must submit a fingerprint card, exemption form, and fingerprint card processing fee with the application for license. Call the Dealer Licensing Section at (614) 752-7636 to obtain a fingerprint card and exemption form.

NOTE: Applications for a dealer's license shall be denied for reasons listed in the Ohio Revised Code (R.C.) 4517.12 and 4501:1-3-09 of the Ohio Administrative Code which include:

- Conviction of **ANY** felony during the past ten (10) years.
- Conviction of **ANY** misdemeanor or felony (regardless of the conviction date) related to dealing in motor vehicles.

OWNERSHIP INFORMATION

FAILURE TO COMPLETE ANY PORTION WILL DELAY THE PROCESSING OF THIS APPLICATION

APPLICANT OR CORPORATION NAME		TITLE
HOME OR CORPORATION ADDRESS		SSN / FEIN
CITY, STATE, ZIP	TELEPHONE #	OWNERSHIP % (if member)
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		DATE COMPLETED _____

APPLICANT NAME (first, middle, last, suffix)		TITLE
HOME ADDRESS		SSN
CITY, STATE, ZIP	TELEPHONE #	OWNERSHIP % (if member)
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		DATE COMPLETED _____

APPLICANT NAME (first, middle, last, suffix)		TITLE
HOME ADDRESS		SSN
CITY, STATE, ZIP	TELEPHONE #	OWNERSHIP % (if member)
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		DATE COMPLETED _____

APPLICANT NAME (first, middle, last, suffix)		TITLE
HOME ADDRESS		SSN
CITY, STATE, ZIP	TELEPHONE #	OWNERSHIP % (if member)
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		DATE COMPLETED _____

Any additional persons please list on a separate sheet of paper and attach to this application.

Answer each of the following questions truthfully to the best of your knowledge and as a representative of all persons listed in the ownership information section.

<input type="checkbox"/> Yes <input type="checkbox"/> No 1. Are you or any person listed in the ownership information section on this application, listed under another motor vehicle business entity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you or any person listed in the ownership information section on this application, previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage dealership, motor vehicle salvage auction, motor vehicle salvage pool, construction equipment auction license or salesperson's license? (If yes please list below; submit any additional information on a separate sheet of paper.)			
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # - IF ISSUED

<input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have you or any person listed in the ownership information section on this application, ever had a dealer's, leasing, auction owner, or distributors license suspended or revoked?			
<input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have you or any person listed in the ownership information section on this application, ever been convicted of a felony during the past ten (10) years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No 5. Have you or any person listed in the ownership information section on this application, ever been convicted of an offense (felony or misdemeanor) that was related to the selling or dealing in motor vehicles? If answered "yes" to either question #4 or #5 above, please provide the following certified documents and information: (1) <i>The court's journal entry showing the final disposition of your conviction.</i> (2) <i>A true bill indictment or indictment summary.</i> (3) <i>The charge you were convicted of.</i> (4) <i>A short summary explaining the charge you were convicted of.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No 6. Have you or any person listed in the ownership information section on this application, ever had a civil judgment rendered against you that related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements?			
<input type="checkbox"/> Yes <input type="checkbox"/> No 7. Have you or any person listed in the ownership information section on this application, ever had a civil judgment rendered against you that resulted from a transaction of business as a motor vehicle dealer and remains unsatisfied? If answered "yes" to either question #6 or #7 above, please provide the following certified documents and information: (1) <i>The court's journal entry showing the final disposition of the judgment.</i> (2) <i>The court of jurisdiction that decided the civil judgment.</i> (3) <i>That court's case number.</i> (4) <i>The date the civil judgment was issued.</i>			

Yes No 8. Will any unrelated business other than a licensed new motor vehicle dealership be operated from this proposed distributor's location?

This includes a business operating from the building in which your office is housed and / or any other building on the proposed motor vehicle distributor location. If yes, what type of business is sharing the location, (Include business name and the relationship to this proposed motor vehicle distributor). Please provide answers on a separate sheet and submit with the application.

NOTE: The distributor's established place of business must be physically separated as affirmed in Physical Requirements.

Yes No 9. To your knowledge, was the proposed business location previously occupied by another licensed motor vehicle dealer?

If "yes", give the business name, if available. _____

DISTRIBUTOR'S PHYSICAL REQUIREMENTS

Below are the physical requirements for licensure. Affirm that each requirement meets exactly as intended at the time of application and it shall remain in compliance the entire time the license is held.

INITIAL	It is understood that a physical inspection will be performed by BMV Investigations shortly before license issuance. If the licensed location fails to meet any of the listed requirements, it will immediately be referred to the Motor Vehicle Dealers Board for possible suspension or revocation of the license. (OHIO APPLICANTS ONLY)
INITIAL	The distributor's established place of business is used exclusively for the purpose of distributing new motor vehicles to new motor vehicle dealers; except as pursuant to R.C. 4517.03 (F) a distributor who is also a new motor vehicle dealer may distribute new motor vehicles at the same place of business at which the distributor sells, displays, offers for sale, or deals in new motor vehicles.
INITIAL	The proposed established place of business must be easily accessible from a public roadway and identified as a distributor.
INITIAL	The established place of business must be separated from any residence, used motor vehicle dealership, salvage motor vehicle dealership, salvage motor vehicle auction, and salvage motor vehicle pool.
INITIAL	Upon issuance of the distributor permit, it shall be posted in a conspicuous place pursuant to R.C. 4517.10.
INITIAL	Required at the time of application, the applicant must provide clear photographs via mail or e-mail (JPG format) of the location showing: 1) the office (inside and outside) 2) the sign with the business name, including any registered trade names

PHOTOS MAY BE SUBMITTED BY MAIL WITH THE APPLICATION OR BY E-MAIL (JPG format) TO dealerphotos@dps.ohio.gov.

Please **DO NOT** submit an application until the following are met:

- **ALL NEW MOTOR VEHICLE DEALER PHYSICAL REQUIREMENTS**

Fees are non-refundable

Make check payable to "Ohio Treasurer of State." Fees are as follows: (DO NOT SEND CASH)

Permit	\$ 100.00
Master Distributor Plate (Required for Ohio applicants ONLY)	\$ 50.25
Postage (Required if plates are ordered)	\$ 4.50
SUBTOTAL FEE	\$ 154.75
**Additional Plate(s) (Optional) \$10.25 x _____	\$
GRAND TOTAL FEE	\$

I understand that the registrar of motor vehicles must be notified if any change of status of the licensed location, including but not limited to, personnel of ownership, relocation of the principal place of business, posted business hours, and business telephone number.

I affirm that the motor vehicles owned by this business will be insured or have other financial responsibility coverage, will not be operated without financial responsibility coverage and will not be used as commercial vehicles unless so registered.

I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as owner, as a partner, president, member, trustee, or principal owner have the authority to sign this application and to make the statements contained herein and have initialed as required.

PRINTED OR TYPED NAME OF SIGNER	TITLE
SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, TRUSTEE, OR PRINCIPAL OWNER) X	DATE OF APPLICATION

NOTARY

Subscribed and sworn to before me this _____ day of _____, _____ in the county of _____ State of Ohio.

(SEAL)

My commission expires _____ **X** _____
SIGNATURE

RETURN THE COMPLETED APPLICATION, PHOTOS, OTHER SUPPORTING DOCUMENTS, AND FEES TO:

Ohio Bureau of Motor Vehicles
Attention: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

For additional information and laws visit our Web site at www.ohioautodealers.com.