



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION TO DEAL IN MOTOR VEHICLES

Indicate Type of License:

- New Motor Vehicle *(Including New Manufactured Home)*
- Manufactured Home Broker (Used)
- Leasing Motor Vehicle
- Used Motor Vehicle

PLEASE PRINT LEGIBLY IN BLACK INK OR TYPE THE FOLLOWING INFORMATION:

BUSINESS NAME				BUSINESS TELEPHONE # ()
DBA OR FICTITIOUS TRADE NAME (if applicable)				ALTERNATIVE TELEPHONE # ()
BUSINESS STREET ADDRESS				FAX # ()
CITY	STATE	ZIP CODE	COUNTY	EMAIL ADDRESS

1. If other than new or used cars or trucks, please indicate the type of vehicles that will be the dealership's primary business: (Check only one)

- Motorcycles
- All Purpose Vehicles
- New Manufactured Homes
- Off-Highway Motorcycles
- Trailers
- Used Manufactured Homes
- Recreational Vehicles
- Remanufactured Vehicles

2. If applying for a license where your primary business will be selling Motorcycles, APV's and/or Off-Highway Motorcycles, what size dealer license plate would you prefer? (Check only one)

- Regular Size License Plate
- Motorcycle Size License Plate

3. Applicants for new motor vehicle dealers license only: INDICATE EACH NEW MAKE TO BE SOLD

(Statements of Contract, BMV 4319, must be submitted for the makes listed below.)

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4. Indicate style of business:

- Proprietorship
- Partnership
- Corporation
- Business Trust
- Limited Liability

5A. Vendor's Number

5B. Federal Tax I.D. or EIN Number

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6. Make check payable to "Ohio Treasurer Kevin L. Boyce". Fees are as follows: (DO NOT SEND CASH)

Permit (Required)	1	@ \$50.00	=	\$50.00
Master Plate (Dealer Required, Leasing optional, Brokers not eligible)	1	@ \$50.25	=	+
Postage (Required if plates are requested) See note below	1	@ \$ 2.75	=	+
Additional Plates (optional)		@ \$10.25 each	=	+
NOTE: DO NOT pay more than the one time postage fee of \$2.75				TOTAL FEES DUE =

7. Check the appropriate box and complete the name, residence address and Social Security Number in 7B: If making application as an LLC, Trust or Partnership, list each member, trustee, director or partner in 7B. **Exception:** If a member, trustee or partner is a corporation, please list the corporation's name, federal tax ID number and address in 7A and then list officers of the corporation in 7B.

PART 7A

- Member-** Use only if member is a corporation **Trustee-** Use only if a trustee is a corporation **Partner-** Use only if a partner is a corporation

CORPORATE BUSINESS NAME			FEDERAL TAX ID # (EIN)
ADDRESS	CITY	STATE	ZIP CODE

PART 7B

<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Partner
<input type="checkbox"/>	President
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Director
<input type="checkbox"/>	Member, (owning 10% or more)

LAST NAME	FIRST NAME	MI
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Vice President
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Director
<input type="checkbox"/>	Member, (owning 10% or more)

LAST NAME	FIRST NAME	MI
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Secretary
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Director
<input type="checkbox"/>	Member, (owning 10% or more)

LAST NAME	FIRST NAME	MI
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Director
<input type="checkbox"/>	Member, (owning 10% or more)

LAST NAME	FIRST NAME	MI
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

Ohio residents who are owners, all partners, president, all members, owning 10% or more, and all trustees **MUST** be electronically fingerprinted and **have results forwarded** to the Dealer Licensing Section, PO Box 16521, Columbus, Ohio 43216-6521. Visit www.webcheck.ag.state.oh.us, go to WebCheck Community, then WebCheck Community Listing for a complete listing of electronic fingerprinting locations in Ohio.

NOTE: Only Out-of-State applicants may submit a fingerprint card, exemption form and processing fee in lieu of having their prints electronically scanned. Please contact the Dealer Licensing Section at (614) 752-7636 to obtain a fingerprint card and an exemption form.

NOTE: Manufactured Home Broker applicants are not required to submit fingerprints.

ANSWER EACH OF THE FOLLOWING QUESTIONS TRUTHFULLY TO THE BEST OF YOUR KNOWLEDGE

8. Yes No **I, as the applicant, affirm that the business listed on this application has a net worth of at least \$75,000, and will maintain during the entire period for which the license is held?**
(Net Worth = Assets minus Liabilities)

9. **Has the applicant, or any of the applicant's owners, partners, officers, members, directors or trustees:**

A. Yes No **Previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage dealership, motor vehicle auction, motor vehicle salvage pool or salesperson's license? (If yes, please list below)**

BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT NUMBER – IF ISSUED
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT NUMBER – IF ISSUED

B. Yes No **Ever been refused such a license, had it suspended or revoked?**

10. Yes No **Are you an owner, partner, corporate officer, member, trustee or director in any other new or used dealership, motor vehicle leasing dealership, motor vehicle distributor, motor vehicle auction, motor vehicle salvage dealership, motor vehicle salvage auction, or motor vehicle salvage pool company?**

11. **Has the applicant or any of the applicant's partners, officers, members, trustees or directors:**

A. Yes No **Ever been convicted of a felony?**

B. Yes No **Ever been convicted of an offense that was related to the selling of, or dealing in, motor vehicles?**

If answered "yes" to either question **A** or **B** above, please provide the following information:

- (1) The court's journal entry showing the final disposition of your conviction,
- (2) The charge you were convicted of.
- (3) Please attach a short summary of the charge you were convicted of.

C. Yes No **Ever had a civil judgment rendered against you/him/her that related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements?**

D. Yes No **Ever had a civil judgment rendered against you/him/her that resulted from the transaction of business as a motor vehicle dealer, which remains unsatisfied today?**

If answered "yes" to either question **C** or **D** above, please provide the following information:

- (1) The court's journal entry showing the final disposition of the judgment,
- (2) The court of jurisdiction that decided the civil judgment,
- (3) That court's case number,
- (4) The date the civil judgment was issued.

Reasons the Bureau of Motor Vehicles may DENY this application.

1. Any felony conviction after December 7, 1986.
2. Any misdemeanor or felony conviction (regardless of the conviction date) related to dealing in motor vehicles.

Any arrest that shows up on the criminal background check that cannot clearly be identified as a non felony or not related to dealing in motor vehicles will require journal entries showing final disposition. **Failure to submit this information will result in a delay in the processing of the application.**

12. Yes No **Are you or do you intend on sharing the proposed business location with another licensed motor vehicle dealer?**

If yes, indicate the business name and, if available, the permit number of the other dealer. A certificate of compliance form (BMV4347) must be submitted with this application.

BUSINESS NAME	PERMIT #
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13. Yes No **Will any business other than a licensed motor vehicle dealer be operated from this proposed dealership location?**

This includes a business operating from the building your office is housed in, any other building on the dealership's lot, or from the lot itself. If yes, what type of business is sharing the location, what is its business name and what is its relationship to this proposed motor vehicle dealership? Please provide those answers on a separate sheet and submit with the application.

14. Yes No **Was the proposed business location previously occupied by another licensed motor vehicle dealer?** If yes, give the business name, if available.

BUSINESS NAME

**** QUESTIONS FOR LEASING MOTOR VEHICLE DEALER APPLICANTS ONLY ****

15. Yes No **Is the establishment for which this application is made used exclusively for the purpose of leasing motor vehicles to the general public for personal, family or household use?**

If no, give a complete detailed explanation of the type of business you are engaging in on a separate sheet and submit with the application.

16. Yes No **Is the applicant a; Bank Lessor, Commercial Vehicle Lessor, or a Captive Finance Lessor (i.e. Manufacturer's finance companies)?**

