



### APPLICATION TO DEAL IN MOTOR VEHICLES

**Indicate Type of License:**

- New Motor Vehicle
- 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
- Recreational Vehicles
- Off-Highway Motorcycles
- Trailers
- 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.)

--	--	--	--	--	--

**4. Indicate style of business:**

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

**5A. Vendor's Number**

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

--	--

**6. Make check payable to "Ohio Treasurer Josh Mandel". 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	=	+
Title Defect Recision Fund (Required)	1	@ \$150.00		+ \$150.00
Postage (Required if plates are requested) See note below	1	@ \$ 2.75	=	+ \$2.75
Additional Plates (optional)		@ \$10.25 each	=	+
<b>NOTE: DO NOT pay more than the one time postage fee of \$2.75</b>			<b>TOTAL FEES DUE</b>	<b>= \$202.75</b>

**FEES ARE NON-REFUNDABLE**

We are required to collect a \$150.00 initial application fee on behalf of the Title Defect Recision Fund; this fee will be refundable if you do not meet the requirements to become a licensed motor vehicle dealer. For information or questions on the Title Defect Recision Fund contact the Ohio Attorney General's Office at [www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov) or 800-262-0515.

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.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov), 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.

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 #
---------------	----------

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)?**

**YOU WILL LOSE YOUR DRIVER LICENSE FOR AT LEAST 90 DAYS IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE**

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances and • Upon random checks by the Registrar of Motor Vehicles.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license for 90 DAYS on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that the motor vehicles owned by this business will be insured or have other FR coverage, will not be operated without FR 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 proprietor, as a partner, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein and have read and understand the Instructions and Checklist, (BMV 4323).

DATE OF APPLICATION	SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER OR TRUSTEE) <b>X</b>
TITLE	PRINTED OR TYPED NAME OF SIGNER

**NOTARY:**

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

(SEAL)

My commission expires \_\_\_\_\_ **X** \_\_\_\_\_

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

Ohio Bureau of Motor Vehicles  
 Attn: Dealer Licensing Section  
 P.O. Box 16521  
 Columbus, Ohio 43216-6521  
[www.OhioAutoDealers.com](http://www.OhioAutoDealers.com)