



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR AUCTION OWNER'S OR
DISTRIBUTOR'S LICENSE**

Indicate Type of License:

- Auction Owner's License
 Distributor's License

1. 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	E-MAIL ADDRESS

2. APPLICANTS FOR DISTRIBUTOR LICENSE ONLY – Indicate each new make to be distributed

(A Manufacturer/Distributor Statement Franchise, BMV 4319, must be submitted for each make of new motor vehicle to be distributed.)

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3. INDICATE STYLE OF BUSINESS:

- PROPRIETORSHIP PARTNERSHIP CORPORATION BUSINESS TRUST LIMITED LIABILITY

4. INDICATE FEDERAL TAX ID OR EMPLOYER ID NUMBER:

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5. Make check payable to: Ohio Treasurer Kevin L. Boyce (DO NOT SEND CASH)

AUCTION OWNER'S AND DISTRIBUTOR APPLICANTS

PERMIT (REQUIRED)	1	\$100.00	\$ 100.00
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AUCTION OWNER APPLICANT'S ONLY OPTIONAL PLATES

MASTER IN-TRANSIT LICENSE PLATE	1	\$ 100.25	\$ 100.25
ADDITIONAL PLATES (OPTIONAL)		\$ 6.25 each	
POSTAGE (REQUIRED IF PLATES ARE REQUESTED) See note below	1	\$ 2.75	\$ 2.75
SUBTOTAL			=

DISTRIBUTOR APPLICANT'S ONLY PLATES (OHIO APPLICANTS ONLY)

MASTER DISTRIBUTOR LICENSE PLATE (REQUIRED)	1	\$ 50.25	\$ 50.25
ADDITIONAL PLATES (OPTIONAL)		\$ 10.25 each	
POSTAGE (REQUIRED IF PLATES ARE REQUESTED) See note below	1	\$ 2.75	\$ 2.75
SUBTOTAL			=
TOTAL FEES DUE			\$

NOTE: DO NOT pay more than the one time postage fee of \$2.75.

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

PART A

<input type="checkbox"/> Member - Use only if member is a corporation		<input type="checkbox"/> Trustee - Use only if a trustee is a corporation		<input type="checkbox"/> Partner - Use only if a partner is a corporation	
CORPORATE BUSINESS NAME				FEDERAL TAX ID OR EIN	
ADDRESS		CITY	STATE	ZIP CODE	

PART B

<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.

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

7. 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?

8. 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?**

NAME	PERMIT #
NAME	PERMIT #

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

- 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.**

10. 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

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. (Does not apply to applicants for a Manufactured Home Brokers license)

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 4329).

SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE) X	DATE OF APPLICATION
PRINT OR TYPE NAME OF SIGNER	TITLE

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:

The Ohio Bureau of Motor Vehicles
Attn: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio, 43216-6521
www.OhioAutoDealers.com