



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

AUCTION OWNER'S LICENSE APPLICATION

BMV USE ONLY:

<input type="checkbox"/> YES <input type="checkbox"/> 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 <u>completed</u> 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 an Auction Owner'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).	

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 #
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REGISTERED DBA OR TRADE NAME

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)

Sole Proprietor
 Corporation (*President, Vice President, Treasurer, Secretary*)
 Limited Liability (*Members*)
 Partnership (*Partners*)
 Business Trust (*Trustee*)
 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 the 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 the 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 NAME OR CORPORATION NAME		TITLE
HOME ADDRESS 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 their dealer's license or auction owner's 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) The court's journal entry showing the final disposition of your conviction. (2) A true bill indictment or indictment summary. (3) The charge you were convicted of. (4) A short summary explaining the charge you were convicted of.	
<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) 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.	
<input type="checkbox"/> Yes <input type="checkbox"/> No 8. Will any unrelated business other than a licensed auction owner be operated from this proposed auction location? <i>This includes a business operating from the building in which your office is housed and / or any other building on the proposed motor vehicle auction location. If yes, what type of business is sharing the location, (Include business name and the relationship to this proposed motor vehicle dealership). Please provide answers on a separate sheet and submit with the application.</i> NOTE: The auction's established place of business must be physically separated as affirmed in Physical Requirements.	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. To your knowledge was the proposed business location previously occupied by another licensed motor vehicle auction owner? If “yes” , give the business name, if available. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Is there a permanent office of usable office area, which shall be kept in a neat and orderly fashion? The office must include at minimum the following: <input type="checkbox"/> Electric lighting, sufficient for a retail office <input type="checkbox"/> Heating of a permanent nature, sufficient for a retail office
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. In addition to the established place of business is there an expanded display lot? NOTE: <i>The expanded display lot is a separate lot that must be two thousand (2,000) square feet of hard surface that is adjacent to or within two hundred (200) feet of the right-of-way of the auction owner's established place of business, and includes a prominently displayed permanent sign in the exact business name in which the application is made, with lettering at least six (6) inches high. All transactions related to the sale of motor vehicle shall be conducted at the principal place of business.</i>

AUCTION OWNER'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.
INITIAL	The auction's established place of business is for the purpose of auctioning motor vehicles and shall also have at least one area under permanent roof that is large enough that motor vehicles may be moved through where such motor vehicles may be offered at auction.
INITIAL	The proposed established place of business must be easily accessible from a public roadway and identified as an auction.
INITIAL	The established place of business must be separated with a permanent physical barrier, from any residence, motor vehicle dealership, salvage motor vehicle dealership, salvage motor vehicle auction, and salvage motor vehicle pool.
INITIAL	The auction facilities may be used to conduct a public auction of repossessed motor vehicles and a motor vehicle dealer auction simultaneously. All inventories shall be maintained and separated at all times.
INITIAL	Any person in attendance for a public auction of repossessed motor vehicles shall be separately identified and prohibited from participating in a motor vehicle dealer auction.
INITIAL	Upon issuance of the auction owner permit, it shall be posted in a conspicuous place pursuant to R.C. 4517.10.
INITIAL	The business hours must be maintained and legibly posted in a conspicuous place near the entrance of the office.
INITIAL	A business telephone must be in service at all times and answered in the auction's name. The business telephone number must be legibly posted in a conspicuous place in public view.
INITIAL	Required at the time of application, the applicant must provide clear photographs via mail or E-mail (JPG format) of the location showing: <ul style="list-style-type: none"> 1) the office (inside and outside) 2) the sign with the business name, including any registered trade names 3) the posted business hours 4) the posted business telephone number

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 AUCTION OWNER'S LICENSE 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 In-Transit Plate (Optional)	\$ 100.25
Postage (Required if plates are ordered)	\$ 4.50
SUBTOTAL FEE	\$ 204.75
**Additional Plate(s) (Optional) \$6.25 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 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, PHOTOGRAPHS, OTHER SUPPORTING DOCUMENTS, AND FEES TO:

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

www.ohioautodealers.com