

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

STATEMENT OF MANUFACTURER / DISTRIBUTOR FRANCHISE

1. Please print legibly or type the following information:

MANUFACTURER / DISTRIBUTOR NAME OF BUSINESS				E-MAIL ADDRESS / WEB SITE			
ADDRESS CITY			STATE		ZIP CODE		
	acturer or distributor hei ribute / sell the makes in			wing d	istributor /	dealer is duly	
EXACT NAME OF DISTRIBU	TOR / DEALER						
ADDRESS					PERMIT NUME	BER	
CITY		STATE	ZIP CODE		COUNTY		
not list mode B. List all vehicl motorcycles,	makes the dealership is t ls. The make name must e types the dealership is trucks, conversion vans	match what franchised t , trailers, ma	is listed on th o sell (i.e., pa nufactured ho	e MCC	o. er motor ve recreationa	hicles, I vehicles etc.)	
A. MAKE	B. VEHICLE TYPE (i.e., passenger car, motorcycle,		A. MAKE	(i.		CLE TYPE r, motorcycle, trailer)	
		,			,, <u> </u>	· · · · · ·	
of the above nan (DD) and 4517.50	authorized dealer selling ned dealer? (25 mile rad) If yes, list dealer name and	ius RV dealei					
DEALER							
ADDRESS		CITY		STATE		ZIP CODE	
appointment?	been notified, pursuant t	•	17 of the R.C.	of the	e new franc	hise	

Completion of this form and signatures by both parties, affirm that a franchise exists between and approved by the Manufacturer / Distributor and Distributor / Dealer in accordance with R.C. Sections 4517.04, and 4517.50 - 4517.65. Pursuant to R.C. 4517.23, the appropriate party shall notify the BMV of any change in status of such contract / agreement within 15 days after such change.

NOTE: ALTERED FORMS WILL NOT BE ACCEPTED.

6.	Signature of Manufacturer's / Distributor's authorized	agent listed in #1
	X SIGNATURE	DATE
7.	Notary: Sworn to before me and subscribed in my presence this	day of,
	X NOTARY PUBLIC (SEAL)	MY COMMISSION EXPIRES
8.	Signature of Distributor's / Dealership's owner, partne	er, officer, member, or trustee listed in #
	X SIGNATURE	DATE
9.	Notary: Sworn to before me and subscribed in my presence this	day of,
	X NOTARY PUBLIC	MY COMMISSION EXPIRES
	(SEAL)	

IMPORTANT INFORMATION

- This completed form along with other application requirements must be on file and approved by the Ohio Bureau of Motor Vehicles, Dealer Licensing Section, Columbus, Ohio, before transactional sales may be made.
- Forms may be mailed or faxed. To locate the appropriate fax number for your county, please visit www.OhioAutoDealers.com. From the home page click on contact us, click on HERE under "by Telephone or Fax" then click on the county in which the distributor / dealer, listed in #2, is located.
- R.C. 4517.23 requires the appropriate party to notify the Dealer Licensing Section of any change in status of such contract / agreement within 15 days after such change.

MAILING ADDRESS:

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

www.OhioAutoDealers.com



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 E		OD TVDE TUE	EOLLOWING	INIEODA	/ A TI	ON.			
BUSINESS NAME	LACK INF	COR LIPE IND	FULLOWING	INFORM		INESS TELEPHON	IE#		
DBA OR FICTITIOUS TRADE NAME, if ap	plicable			ALTERNATIVE TELEPHONE #					
BUSINESS STREET ADDRESS				FAX#					
CITY	STATE	ZIP CODE	COUNTY		F-M4	AIL ADDRESS			
	OTATE	ZII OODL	OOONTT		L-IVI/	AL ADDITIOO			
2. APPLICANTS FOR DISTRIBU (A Manufacturer/Distributor State be distributed.)							/ mc	otor	vehicle to
3. INDICATE STYLE OF BUSINE	· SS-								
	.55. RTNERSHI	P CORPO	DRATION [BUSIN	IESS	TRUSTL	.ІМІТ	ΓED	LIABILITY
4 INDICATE FEDERAL TAVID	OD EMBL (OVED ID NILIMD	ED						
4. INDICATE FEDERAL TAX ID (JR EMPLO	JYEK ID NUMB	EK:						
5. Make check payable to: Ohio AUCTION OWNER'S AND DISTR		•	O NOT SEND	CASH)				
PERMIT (REQUIRED)				1	\$1	00.00		\$	100.00
AUCTION OWNER APPLICANT'S	S ONLY O	PTIONAL PLAT	ES						
MASTER IN-TRANSIT LICENSE I	PLATE			1	\$1	00.25		\$	100.25
ADDITIONAL PLATES (OPTIONAL	L)				\$	6.25 each		\$	
POSTAGE (REQUIRED IF PLATE	S ARE RE	EQUESTED) Se	e note below	1	\$	4.50		\$	4.50
						SUBTOTAL	=	\$	
DISTRIBUTOR APPLICANT'S ON		•	ICANTS ONLY			E0.2E			F0.0F
MASTER DISTRIBUTOR LICENS		(REQUIRED)		1	\$	50.25		\$	50.25
ADDITIONAL PLATES (OPTIONA	L)				\$	10.25 each		\$	
POSTAGE (REQUIRED IF PLATE	S ARE RE	EQUESTED) Se	e note below	1	\$	4.50		\$	4.50
						SUBTOTAL	=	\$	
					TOTA	AL FEES DUE		\$	

NOTE: DO NOT pay more than the one time postage fee of \$4.50.

FEES ARE NON-REFUNDABLE

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 <u>each</u> member, trustee, director or partner in Part B. **Exception:** If a member, trustee or partner is a corporation, <u>please</u> 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.

PAR	RT A									
	lember - Use only if member is a	☐ Trustee - Use only if a trustee is a			☐ Partner - Use only if a partner					
	corporation	C	corporation			is a corporation				
CORF	PORATE BUSINESS NAME					FEDEF	RAL TAX II	O OR EIN		
ADDF	RESS		CITY		STATE	ZIP CC	DDE			
ΡΔΙ	RTB									
	Sole Proprietor	LAST NAME		FIRST NA	ME			MI		
	Partner									
	President	HOME ADDRESS				5	SSN			
	Trustee									
	Director	CITY			STATE	Z	ZIP CODE			
	Member, (owning 10% or more)									
	Partner	LAST NAME		FIRST NA	ME			MI		
H	Vice President	E TOT TO TWIL		1 11(01 10)	WIL			1411		
H		HOME ADDRESS					SSN			
\square	Trustee									
	Director	CITY			STATE	Z	ZIP CODE			
	Member, (owning 10% or more)									
	Partner	LAST NAME		FIRST NA	ME			MI		
	Secretary	HOME ADDRESS				1.	SSN			
	Trustee	HOME ADDRESS				3	55N			
	Director	CITY			STATE	Z	ZIP CODE			
	Member, (owning 10% or more)									
					l	<u> </u>				
	Partner	LAST NAME		FIRST NA	ME			MI		
	Treasurer	HOME ADDRESS				Τ.	SSN			
	Trustee	LIOINE ADDRESS					NIOC			
	Director	CITY			STATE	Z	ZIP CODE			
	Member, (owning 10% or more)									

Ohio residents who are owners, all partners, president, all members, owning 10% or more, and all trustees **MUST** be electronically fingerprinted and must request the results to be sent electronically to <u>direct copy</u> "**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 for background check 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 applica	ant, or an	y of the applic	ant's owner	rs, partne	rs, omcers, men	ibers, directors or trus	tees:
	A. Yes	_	distributor's lic	ense, auction otor vehicle a	n owner's auction, m	e dealer's license license, motor ve otor vehicle salva		
BUSINE	SS NAME API	PLIED IN		DATE	TYI	PE OF LICENSE	PERMIT NUMBE	R – IF ISSUED
BUSINE	BUSINESS NAME APPLIED IN DATE					PE OF LICENSE	PERMIT NUMBE	R – IF ISSUED
	B. Yes	s 🗌 No	Ever been refu	used such a l	license, ha	ad it suspended o	r revoked?	
8. 🗌 Y	es 🗌 N	used o	dealership, mo	otor vehicle cle salvage	leasing o	lealership, moto	ustee or director in any r vehicle distributor, mo salvage auction, or mo	otor vehicle
NAME					PE	RMIT#		
NAME					PE	RMIT#		
9. Has A. B.	Yes Yes If answere (1) The co (2) The co	☐ No ☐ No ed " yes " to ourt's journ harge you	Ever been continuing the continuing the convicted short summary	onvicted of a onvicted of a nicles? n A or B aboung the final of the charge of the charge	n felony? In offense Ive, please disposition ge you we	that was related to e provide the follow of your conviction re convicted of.		g
G.				ith an odome	eter, rolling	g back an odomet	er, or failing to provide tr	ue and
D.	☐ Yes	□No					her that resulted from the hich remains unsatisfied	
	(1) The c(2) The c(3) That c	ourt's jouri ourt of juri court's cas		ng the final cecided the civ	disposition	e provide the follo of the judgment, nt,	wing information:	
Reaso 1. 2.		A and is no	t related to the	on that has c selling, taxir	occurred v	vithin ten years frong, or regulation o	om the date the application of sales of motor vehicles conviction date) related	S.

motor vehicles.

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 occidealer? If yes, give the business name, if available.					
BUSINESS NAME					
YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSU RESPONSIBILITY COVERAGE In Ohio, it is illegal to drive any motor vehicle without insurance or other financial respons It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehi PROOF OF COVERAGE IS REQUIRED: • Whenever a police officer issues a traffic ticke appearances and • Upon random checks by the Registrar of Motor Vehicles. ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHE requirements are met on first offense, ONE YEAR on second offense and TWO YEARS of vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (B	cibility (FR) coverage. icle without FR coverage. et • At all vehicle inspection stops • Upon traffic court ER COVERAGE WILL: • Lose his or her driver license until on additional offenses • Lose his or her license plates and ond offense, \$600.00 for third and subsequent offenses or, or registration AND • Be required to maintain special FR				
 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 					
I affirm that the motor vehicles owned by this business will be insured or hav without FR coverage and will not be used as commercial vehicles unless so Manufactured Home Brokers license) I also affirm that all statements in the foregoing application and in any attach proprietor, as a partner, an officer, member, or trustee, have authority to sign contained herein and have read and understand the Instructions and Checkling and the contained herein and have read and understand the Instructions and Checkling and the contained the	registered. (Does not apply to applicants for a ed sheets are true and correct and that I, as this application and to make the statements				
SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE)	DATE OF APPLICATION				
PRINT OR TYPE NAME OF SIGNER	TITLE				
NOTARY: Subscribed and sworn to before me thisday of,(SEAL)	in the county ofState of Ohio.				
My commission expires X					
RETURN THE COMPLETED APPLICATION, PHOTOGRAPHS, OTHER SU	JPPORTING DOCUMENTS AND FEES TO:				
The Ohio Bureau of Motor Vehic Attn: Dealer Licensing Sectior P.O. Box 16521 Columbus, Ohio, 43216-6521 www.OhioAutoDealers.com	1				

Any arrest that shows up on the criminal background check that cannot clearly be identified as a non felony or not related

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OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

REQUIREMENTS AND INSTRUCTIONS FOR COMPLETING APPLICATIONS FOR A DISTRIBUTOR'S LICENSE

Who Needs A License?

Motor Vehicle Distributor: Any person authorized by a motor vehicle manufacturer to distribute new motor vehicles to licensed new motor vehicle dealers, but does not mean a person who only assembles or installs a body, special equipment unit, finishing trim, or accessories on a motor vehicle chassis supplied by a manufacturer or distributor.

manı	facturer or distributor.
What	Does The Application Consist Of?
	Application - The application must be typed or legibly printed in ink. All blocks must be completed and all questions answered, including the home addresses, phone numbers, and social security numbers of the owners, all partners, corporate officers, members, and trustees of the application.
	Photographs of the Location and Sign - The applicant must provide clear photographs of the location showing the place of business and sign, including any trade names. The sign must be in the exact name of the business, as indicated on the application, including any registered trade names, permanent, and properly maintained. Letters on the sign must be at least six inches (6") high.
	Fingerprinting / Criminal History Checked - Ohio residents who are owners, all partners, the president, all members owning 10% or more and all trustees MUST be electronically fingerprinted and must request the results to 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 for background check locations in Ohio.
	*Out-Of-State residents may submit a fingerprint card and processing fee. Do not send the fingerprint card directly to BCI & I. Acceptable fingerprint cards(s) may be obtained only by contacting the Dealer Licensing Section at (614) 752-7636.
	If BCI & I reports that the person has ever been arrested for any reason, has a criminal record, or is a multi-state offender, the applicant should expect significant delays.
	The person(s) being fingerprinted can reduce the possibility of having the application delayed by explaining their circumstances fully and completely on a separate sheet and submit a copy of the court's journal entry showing the final disposition of their arrest and / or conviction, and the charge they were convicted of, if any, and attaching it to this application. (Limited Liability and Business Trust applicants, please see <i>Important Information</i> on page 2.)
N	OTE: Any felony conviction – or any misdemeanor conviction related to dealing in motor vehicles – is reason for the Bureau of Motor Vehicles to <u>DENY</u> this application.
	Notice of Appointment as a Distributor by a Motor Vehicle Manufacturer on BMV Statement of Contract Form, BMV 4319 - Application for distributor's license ONLY: Distributors must submit a Manufacturer / Distributor Statement of Contract form BMV 4319 certifying that the distributor has been authorized by the manufacturer to distribute new motor vehicles in the state of Ohio

What Type Of Plates Do You Qualify For?

You may apply for **Distributor** license plates to be used in conjunction with your distributorship. These license plates may be used on any motor vehicle, other than commercial cars, or on any motorized bicycle owned by the distributor, or lawfully in the possession or control of the distributor, his agent, or employee. **Out-of-state applicants do not qualify for license plates**.

What Are The Fees For Obtaining A License?

Some of the fees for license and plates are mandatory and others are optional, depending on your needs. Use the following list of fees as a worksheet, before transferring the information to the application. 100.00 Distributor licenses LICENSE FEE (required) **DISTRIBUTOR OPTIONAL PLATES** ☐ Master distributor license plate @ \$50.25 Additional plates @ \$10.25 ea. \$ \$ ☐ Postage (required if license plates are ordered) 4.50 PLATE FEE **TOTAL FEES DUE** FEES ARE NON-REFUNDABLE Please make check payable to "OHIO TREASURER OF STATE."

IMPORTANT INFORMATION!

Limited Liability Company Applicants

Electronic Fingerprints are required on each:

- Individual and / or;
 - Member owning 10% or more of the business making application. If no members own 10% or more of the business making application, then the electronic fingerprint is required on each officer elected to represent those members. If a corporation is listed as a member of the limited liability, the president of the corporation, and the individual signing the application, if applicable, must submit an electronic fingerprint;
- If a trust is listed as a member, Trustee of the trust.

Business Trust Applicants

Electronic Fingerprints are required on each:

- Individual listed as a trustee:
- If a corporation is listed as a trustee, the president of each corporation listed as trustees;
 - The person signing the application, if he or she is different from the trustee or president / trustee.

Additional Information

- All licenses expire on the last day of March biennially (every two years). Renewal applications will be mailed to the licensed business address no later than January 31.
- Ohio Administrative Code Section 4501:1-3-33 requires applicants who deal in motor vehicles to notify the
 Bureau of Motor Vehicles of any change in status of the applicant with respect to: business name, including
 any registered trade names; location; owner, partner(s), officer(s) of a corporation, members or trustees.
 An application, for a name or address change, form BMV 4443, is available on our Web site
 www.OhioAutoDealers.com under downloadable forms. Notification of changes in status must be
 submitted, in writing, within 15 days after the change.
- A dealer intending to go out of business must submit a letter of termination, along with the dealer permit
 and all dealer plates, for cancellation. All business related to dealing in motor vehicles must cease at the
 moment the dealer notifies this office of the intent to cancel the license. Any additional purchases, title
 work, sales, or acting as a dealer will be viewed as illegal, and this office may ask for prosecution.
- Certified Copies (Secondary Locations) A dealer may have more than one place of business in the same county, and may make application for what the Ohio Revised Code refers to as a "certified copy" of the license for each additional place of business operated. This is referred to as a secondary location license. An application for certified copy, form BMV 4335, must be submitted for each location. The application must be accompanied by photographs of the location (see photograph requirements on the first page), and appropriate fees. Additional locations must also meet all physical requirements. Secondary locations located within the same taxing district as the primary location are not eligible for the issuance of a second set of dealer license plates. Additional license plates may be ordered by the primary location and can be used by both locations. NOTE: Additional locations in different counties are not certified copies, therefore a new dealer application, form BMV 4325, is required.

If a dealer permit is lost, mutilated, or destroyed, a duplicate permit may be obtained by submitting an application for duplicate permit, form BMV 4335, and the appropriate fee.

If you have any questions, or need applications and / or forms, visit "FAQ" and "downloadable forms" on our Web site www.OhioAutoDealers.com or call the Dealer Licensing Section at (614) 752-7636.

Dealer Licensing Section, P.O. Box 16521, Columbus, Ohio 43216-6521 www.OhioAutoDealers.com