



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**DISTRIBUTOR'S LICENSE APPLICATION**

*Failure to complete ANY portion of this application will delay the processing of the license. By completing, signing, and submitting this application with all required documentation, as applicable, you are affirming that the established place of business meets all the requirements of Chapter 4517 of the Ohio Revised Code (R.C.) and Chapter 4501:1-3 of the Ohio Administrative Code (O.A.C.).*

YES  NO

Is any owner, partner, officer, member, trustee, principal owner or spouse thereof a veteran or member of the armed forces or a surviving spouse of a veteran or member of the armed forces? (**NOTE:** A completed 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 your or your spouse's DD214, separation documentation, or other official military documentation approved by the board.

**INDICATE THE TYPE OF VEHICLES THAT WILL BE THE DEALERSHIP'S PRIMARY BUSINESS**

- New Motor Vehicles - (regular sized license plate)
- New Motorcycles - (motorcycle sized license plate)
- New All-Purpose Vehicles (APV) - (motorcycle sized license plate)
- New Trailers (**ONLY** over 4,000 lbs) - (regular sized license plate)

**NOTE:** Plates are required for In-State Distributor's **ONLY**.

**PLEASE WRITE LEGIBLY**

**DISTRIBUTOR INFORMATION**

REGISTERED BUSINESS NAME, SOLE PROPRIETOR, OR PARTNERSHIP BUSINESS NAME

DATE REGISTERED WITH SECRETARY OF STATE

STATE OF INCORPORATION (IF A CORPORATION)

**NOTE:** A copy of the Certificate from the Secretary of State must accompany the application for the registered business name.

REGISTERED FICTITIOUS NAME OR TRADE NAME

DATE OF REGISTRATION

**NOTE:** A copy of the Certificate from the Secretary of State must accompany the application for the registered fictitious or trade name, if applicable

BUSINESS STREET ADDRESS

P.O. BOX #

SUITE #

CITY

STATE

ZIP CODE

COUNTY

BUSINESS TELEPHONE #

ALTERNATIVE TELEPHONE #

BUSINESS E-MAIL ADDRESS

*Please include a valid **business e-mail address** to receive electronic notification(s) on the processing of your application.*

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN)

VENDOR'S #

**NOTE:** Contact both County Auditor and Ohio Department of Taxation for applicable vendor's number.

Indicate each **MAKE** that will be sold (*Statement of Contract(s) (BMV 4319) MUST be submitted for each make listed*).

MAKE

MAKE

MAKE

MAKE

MAKE

*Any additional makes, please list on a separate sheet of paper and attach with this application and a BMV 4319 for each make.*

## IMPORTANT INFORMATION

Applications for a license shall be denied for reasons listed in R.C. 4517.12 and 4501:1-3-09 of the O.A.C., which include:

- A conviction of **ANY** fraudulent act (misdemeanor or felony), regardless of the conviction date, related to dealing in motor vehicles.

Following the issuance of a license, any individual listed on the license that has been convicted of committing any felony unrelated to dealing in motor vehicles regardless of the date of conviction, could be subject to an administrative hearing before the board, and at the board's discretion, the license may be suspended or revoked (R.C. 4517.33). Notification of an administrative hearing shall be given to the licensed holder in a timely manner upon notification to the Board of such a conviction.

## OWNERSHIP INFORMATION (R.C. 4517.08, 4517.13 and O.A.C. 4501:1-3-07, 4501:1-3-09)

- All **Ohio residents** who are listed on this application **MUST** be electronically fingerprinted. Applicants must request that 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](http://www.ohioattorneygeneral.gov).)
- All **out-of-state applicants**, or those who qualify for electronic exemption that are listed on this application, **MUST** submit a fingerprint card (*supplied by Dealer Licensing or Ohio Attorney General's Office*), exemption form, and fingerprint card processing fee with the application for license. Contact the Dealer Licensing Section at (614) 752-7636 to request that a fingerprint card and exemption form be mailed to you.

All individuals listed on this application are required to complete a criminal history record through the Bureau of Criminal Identification and Investigation (BCI). A Federal Bureau of Investigation (FBI) criminal history record is not acceptable in place of a BCI criminal history record.

**NOTE: Some background checks could take BCI up to thirty (30) days for processing.**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability (LLC) ( <i>Members</i> )	<input type="checkbox"/> Business Trust ( <i>Trustees</i> )	<input type="checkbox"/> Partnership ( <i>Partners</i> )
<input type="checkbox"/> Corporation (INC) ( <i>President, Vice President, Treasurer, Secretary</i> )		<input type="checkbox"/> Other Registered Entity* _____	

\*You may be required to show the registered ownership structure.

TITLE <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE <input type="checkbox"/> Vice President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE <input type="checkbox"/> Treasurer <input type="checkbox"/> Member (owning 10% or more) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE <input type="checkbox"/> Secretary <input type="checkbox"/> Member (owning 10% or more) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

Any additional persons, please list on a separate sheet of paper and attach with this application.

**I, as an authorized representative of the business entity or sole proprietor, to the best of my knowledge and belief, acknowledge responsibility for any misrepresentation of the foregoing information and the subsequent statements in this application and any additional documents, as applicable.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the business listed on this application have a net worth of at least seventy five thousand dollars (\$75,000)? <i>No dealer shall be issued a license or permitted to operate under a license unless the dealer has a net worth (Net Worth = Assets minus Liabilities) in the sum of \$75,000 and <u>must</u> be verifiable upon request of the Registrar. Net worth <u>must</u> be maintained during the entire period for which the license is held.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does any person listed on this application have an ownership interest in another motor vehicle business entity?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has any person listed on this application previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage license, salvage motor vehicle auction license, salvage motor vehicle pool license, 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	4. Has any person listed on this application ever had their dealer's license suspended or revoked?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has any person listed on this application ever been convicted of a felony?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has any person listed on this application ever had a civil judgment rendered against them that was 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. Does any person listed on this application, have an unsatisfied civil judgment resulting from a motor vehicle transaction? If answered "yes" to either this question or #6, please provide the following <b>certified</b> documents and information:  (1) A certified copy of a journal entry showing the final disposition of the judgment;; (2) The court of jurisdiction that decided the civil judgment; (3) The court's case number; and (4) The date the civil judgment was issued.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Has any person listed on this application ever been convicted of a fraudulent act (felony or misdemeanor) that was related to the selling or dealing in motor vehicles? If answered "yes", please provide the following <b>certified</b> documents and information:  (1) A certified copy of a conviction or journal entry; (2) A certified copy of the sentencing entry; and (3) A certified copy of the indictment or complaint.		

**ESTABLISHED PLACE OF BUSINESS (R.C. 4517.03)**

Yes  No A. The established place of business is being used exclusively for the purpose of distributing new motor vehicles to new motor vehicle dealers.

**NOTE:** R.C. 4517.03 (F) allows for a distributor who is also a new motor vehicle dealer to distribute new motor vehicles at the same established place of business at which the distributor sells, displays, offers for sale, or deals in new motor vehicles.

Yes  No B. There is a sign that displays the registered business name in which the application is made, including any registered fictitious or trade names.

*The law requires that the letters be no less than six (6) inches high, and that the sign be permanent, properly maintained, and prominently displayed by the entrance of the office, if not visible from the public roadway.*

**HOURS OF OPERATION**

	OPEN	CLOSE		OPEN	CLOSE		OPEN	CLOSE
SUNDAY			WEDNESDAY			SATURDAY		
MONDAY			THURSDAY					
TUESDAY			FRIDAY					

You must notify Dealer Licensing of any changes in your 'hours of operation' within fifteen (15) days of the change.

**PHOTOGRAPHS**

**REQUIRED** at the time of application, clear photographs of the location **MUST** be submitted via mail or e-mail (JPEG format) that show the following:

- (1) the office (inside and outside)
- (2) the sign with the registered business name, including any registered fictitious or trade names

**PHOTOS MAY BE SUBMITTED BY MAIL WITH THE APPLICATION OR BY E-MAIL (JPEG format) TO [dealerphotos@dps.ohio.gov](mailto:dealerphotos@dps.ohio.gov).**

(If submitted by e-mail, please include distributor's name and county in the subject line.)

**Fees are non-refundable**

**Make check payable to "Ohio Treasurer of State." Fees are as follows: (DO NOT SEND CASH)**

Permit	\$ 100.00
Master Distributor Plate (Required for Ohio applicants ONLY)	\$ 50.25
Postage (Required if plates are ordered)	\$ 4.50
<b>SUBTOTAL FEE</b>	<b>\$ 154.75</b>
**Additional Plate(s) (Optional) \$10.25 x _____	\$
<b>GRAND TOTAL FEE</b>	<b>\$</b>

**Please allow 4 - 6 weeks for the processing of completed license applications.**

✓ **NOTE:** The 4 - 6 weeks is from the time that the Dealer Licensing Section receives the application.

**Failure to complete ANY portion of this application will delay the processing of the license.**

✓ **NOTE:** All changes, including officers, business name, address, and hours of operation, must be reported to Dealer Licensing within fifteen (15) days of the change.

It is understood that at the discretion of the Registrar, a physical inspection will be performed by BMV Investigations prior to or after the issuance of the license and at any given time during the period which the license is held. *(In-state distributors only)*

I understand that if the licensed location fails to meet any of the requirements or fails to maintain compliance, it will immediately be referred to the Motor Vehicle Dealers Board for possible suspension or revocation of the license.

I understand that the Registrar of motor vehicles must be notified if there is a change of status at the licensed location, including, but not limited to, personnel of ownership, relocation of the place of business, posted business hours, and telephone number.

I understand that following the issuance of a license, any individual listed on the license that has been convicted of committing any felony unrelated to dealing in motor vehicles regardless of the date of conviction, could be subject to an administrative hearing before the board, and at the board's discretion, the license may be suspended or revoked (R.C. 4517.33). Notification of an administrative hearing shall be given to the licensed holder in a timely manner upon notification to the Board of such a conviction.

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, as an authorized representative of the business entity or sole proprietor, acknowledge that all information in the foregoing application and in any additional documentation is true and correct.***

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

**Notary:**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
in \_\_\_\_\_ County, State of \_\_\_\_\_.

(Notary Seal)

Signature of Notary / Clerk / Deputy Clerk **(circle one)** **X** \_\_\_\_\_

My commission expires \_\_\_\_\_

**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

For additional information and all applicable laws  
visit our Web site at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com).

## NEW MOTOR VEHICLE DEALERS CHECKLIST

### REMINDER:

**FAILURE TO COMPLETE ANY PORTION OF THIS APPLICATION WILL DELAY THE PROCESSING OF THE LICENSE. PLEASE USE THE CHECKLIST BELOW TO ENSURE THAT THE FOLLOWING INFORMATION HAS BEEN COMPLETED AND ALL THE REQUIRED DOCUMENTATION IS ACCOMPANYING THE APPLICATION.**

### HAVE YOU...?

- Registered the business entity with the Secretary of State?
  - Included with the application a copy of the Certificate from the Secretary of State?
- Registered the business fictitious name or trade name with the Secretary of State?
  - Included with the application a copy of the Certificate from the Secretary of State?
- Obtained a Federal Employee Identification Number (FEIN) from the Internal Revenue Service (IRS)?
- Obtained a Vendor's Number from the County Auditor's Office?
- Maintained all signatures needed for each franchise?
  - Included with the application a Statement of Contract(s) form BMV 4319?
- Completed the electronic fingerprinting / fingerprint card process for the criminal history record, with results being sent to Dealer Licensing?
  - Ensured all persons listed on the application have completed the electronic fingerprinting process or fingerprint card, as applicable?
- Taken all the required photographs?
  - Included the photographs with the application or submitted them by e-mail?
- Had the application signed and notarized?
- Included with the application a check or money order made payable to "Ohio Treasurer of State"?
- Made a copy of the completed application, accompanying documents, and photographs for your records?

**THIS PAGE IS FOR YOUR RECORDS ONLY.**

(Do not send with the application.)

For additional information and all applicable laws visit our Web site at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com).