



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**LEASING MOTOR VEHICLE DEALER APPLICATION  
FOR ADDRESS CHANGE**

**INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.**

*Change of status notice is required in writing, within 15 days of the change [R.C. 4517.23].*

Change of Address  Add/Remove a P.O. Box

**CURRENT INFORMATION**

EXACT BUSINESS NAME	DEALER PERMIT #	DEALER PLATE #	
REGISTERED DBA OR TRADE NAME		BUSINESS TELEPHONE	
CURRENT BUSINESS STREET ADDRESS	P.O. BOX	E-MAIL ADDRESS (OPTIONAL)	
CITY	STATE	ZIP CODE	COUNTY

INITIAL	It is understood that a physical inspection will be performed by BMV Investigations shortly after issuance. If the licensed location fails to meet any of the listed requirements it will be immediately referred to the Motor Vehicle Dealer Board for possible suspension or revocation of the license.
INITIAL	<b>Note:</b> The issuance of a Leasing Motor Vehicle Dealer License does not supersede local zoning. The State of Ohio (BMV) Dealer Licensing is the regulator of motor vehicle dealers, but does not pre-empt the enforcement by local authorities of local zoning, health, or 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.

**CHANGE OF ADDRESS**

NEW BUSINESS STREET ADDRESS	P.O. BOX	BUSINESS TELEPHONE	
CITY	STATE	ZIP CODE	COUNTY
Contact your County Auditor to determine if a new vendor's number is required		NEW VENDOR'S NUMBER ( IF APPLICABLE)	

**Photographs of the location must accompany the application via mail or e-mail showing the office (inside and outside) and the business sign.**

**Photographs sent via e-mail must be sent as an attachment and in JPG format only to [dealerphotos@dps.ohio.gov](mailto:dealerphotos@dps.ohio.gov). Please include your business name and permit number in the subject line of your e-mail.**

**ADD OR REMOVE P.O. BOX**

*P.O. BOX	<input type="checkbox"/> ADD
P.O. BOX	<input type="checkbox"/> REMOVE

**\*Must be within the same city and zip code of the physical address. P.O. Box change only does not require an inspection.**

**LEASING MOTOR VEHICLE DEALER**

**FEES**

MOTOR VEHICLE DEALER PERMIT (REQUIRED)	\$ 2.00
AMENDED REGISTRATION CARDS MASTER PLATE + ADDITIONAL PLATES (REQUIRED, IF ISSUED LICENSE PLATES) \$1.00 x _____	\$ _____
<b>GRAND TOTAL FEE</b>	\$ _____

**MAKE CHECKS PAYABLE TO "OHIO TREASURER OF STATE"**

## LEASING MOTOR VEHICLE DEALER PHYSICAL REQUIREMENTS

Below are listed the physical requirements for application. Affirm that each requirement meets exactly as intended at the time of application and shall remain in compliance the entire time the license is held.

INITIAL	The business must have a net worth of at least \$75,000 (assets – liabilities) and maintained throughout the course of holding a valid license.
INITIAL	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.
INITIAL	The proposed location must be easily accessible from a public roadway and identified as a motor vehicle dealership.
INITIAL	An Office shall be separated from any residence by a permanent physical barrier and contain no less than 180 square feet of usable interior office area excluding restrooms, storage or utility space. The office shall be kept neat and orderly at all times, clearly marked and used exclusively for leasing motor vehicles. The office must include the following:

### OFFICE CHECKLIST FOR A LEASING MOTOR VEHICLE DEALERS (initial next to ALL)

- |  |   |
|--|---|
| <input type="checkbox"/> Desk  | <input type="checkbox"/> Three Chairs                     |
| <input type="checkbox"/> Electric lighting sufficient for an office                      | <input type="checkbox"/> Heating sufficient for an office |
| <input type="checkbox"/> Telephone, in service at all times, answered in dealership name | <input type="checkbox"/> Facsimile Machine                |
| <input type="checkbox"/> Filing Cabinet  |   |

INITIAL	The business hours shall be open a minimum of thirty hours per week, at least six of which shall occur Monday through Friday, from seven a.m. to five p.m. and must be prominently displayed and maintained with the office staffed by a person licensed under revised code section 4517.03 during the entire time the license is held.
INITIAL	The name of the motor vehicle leasing dealership and business hours shall be legible and posted in a conspicuous place where the general public has access, at or near the entrance to the office, if the two places are not the same. The letters on the business sign shall be no less than six inches high.
INITIAL	Required at the time of application, the applicant must provide clear photographs (via mail or e-mail) of the location showing: 1) the sign with the business name, including any registered trade names. 2) the office (inside and outside)

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

<input type="checkbox"/> Yes <input type="checkbox"/> 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 permit number below. (*A Certificate of Compliance form (BMV 4347) must be submitted with this application)	
BUSINESS NAME	PERMIT NUMBER
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the proposed business location previously occupied by another motor vehicle dealer? If “yes”, indicate the business name, if available. _____	
BUSINESS NAME	PERMIT NUMBER

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**I AFFIRM THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT I, AS OWNER, PARTNER, OFFICER, MEMBER OR TRUSTEE HAVE AUTHORITY TO SIGN THIS APPLICATION.**

SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE) <b>X</b>	DATE
PRINT NAME OF SIGNER	

**RETURN THE COMPLETED APPLICATION, PHOTOS,  
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 Laws**  
Visit our Web site at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com)