

**Applicant Questionnaire  
for the  
Licensing of Dealers, Transporters, Loaners or Recyclers**

Type:

- New Application   
  Additional License Type   
  Annex Location   
  Other (Specify) \_\_\_\_\_  
 Change of Status   
  Change of Location   
  Secondary Location \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Physical Location \_\_\_\_\_

City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_

What type of business are you licensing? \_\_\_\_\_

(Please answer each question by circling either Yes or No)

1. Is there now or was there previously a licensed dealership at your location? Yes No

If Yes please supply name of dealership: \_\_\_\_\_

If Yes, were you an owner of this dealership? Yes No

2. Is there any other business at this location? Yes No

If Yes, what is the name and type of this business? \_\_\_\_\_

3. Do you own that business? Yes No

4. What days and hours is your business open? \_\_\_\_\_

5. Do you currently have ownership in any other dealership? Yes No

If Yes, please list the dealership(s) name and license types and numbers:

Dealership(s) Name	Lic. Type & Number
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**These questions ask about your established place of business:**

1. Is your business located in a permanently enclosed commercial building? Yes No

2. Is your business located on one parcel of land? Yes No

3. Do you own the property & buildings? Yes No

4. Do you lease the property & buildings? Yes No

(If yes, enclose a copy of the lease)

**These questions ask about your display/repair area:**

(Recyclers/Salvage are exempt)

1. Does your business have at least 5,000 sq. ft. of display area in or adjoining the building? Yes No

2. Do you have a facility for the repair of two vehicles at the same time? Yes No

3. Do you have the tools and equipment needed to repair and service vehicles properly? Yes No

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|--|-----|----|
| 4. Do you have an air compressor?  | Yes | No |
| 5. Do you have a hydraulic jack or lift?                                       | Yes | No |
| 6. Do you have a full set of mechanics tools?                                  | Yes | No |
| 7. Does the owner or an employee work as a mechanic at least 30 hrs. per week? | Yes | No |

**These questions ask about your business office:**

- |   |     |    |
|---|-----|----|
| 1. Do you have an office with at least 64 sq. ft. to keep records and conduct business? | Yes | No |
| 2. Is your office heated?   | Yes | No |
| 3. Does your office have at least 1 desk, 2 chairs, and a filing cabinet?               | Yes | No |
| 4. Is your office completely enclosed by floor to ceiling construction?                 | Yes | No |
| 5. Is your office separate from any living quarters?                                    | Yes | No |
| 6. Is your office located in or adjoining your business building?                       | Yes | No |

**These questions ask about your business sign:**

- |   |     |    |
|---|-----|----|
| 1. Is your business identified by an exterior sign?     | Yes | No |
| 2. Is the sign permanently affixed to land or building? | Yes | No |
| 3. Is the sign readable at a distance of 200 feet?      | Yes | No |
| 4. Is the sign at least 12 square feet in size?         | Yes | No |
| 5. What does the sign say? _____                        |     |    |

**If you are applying for a recycler dealer license, you must also complete the last set of questions by circling Yes or No to each question below.**

- |  |     |    |
|--|-----|----|
| 1. Is there a storage area in or adjoining the building?   | Yes | No |
| 2. Is the business within 1,500 feet of a state or federally owned cemetery?   | Yes | No |
| 3. Did your salvage yard exist before December 5, 1983?<br>If No, what date did your salvage yard begin? _____   | Yes | No |
| 4. Is this an expansion of an existing salvage yard?   | Yes | No |
| 5. Do you maintain a business inventory of all vehicles, component parts, body, chassis, or transmissions that are received or disposed of as required by law? | Yes | No |

Explain your record keeping procedures:

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- |  |     |    |
|--|-----|----|
| 6. Are you currently a licensed dealer in Maine?           | Yes | No |
| 7. Are you currently a licensed dealer in any other state? | Yes | No |

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Signature of Applicant

Title

Date

**Notarization Required**

Before me personally appeared \_\_\_\_\_, who by me being duly sworn under oath says that the statements set forth above are true and correct.

Sworn to and subscribed before me at \_\_\_\_\_, Maine, on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Public \_\_\_\_\_

(Rev 02/07)

My Commission Expires: \_\_\_\_\_