

State of Maine Bureau of Motor Vehicles Application for Manufacturer License Reference Title 10 §1171-B and Title 5 §8071

Please print and use bl	ue or black ink only		License fee: \$1,500.00
Legal business name: _		DBA (if applicable):	
Name of Line Make (to l	be shown on license):		
Phone Number:		Fax Number (if applicable):	
Physical address:			
Street		City/Town/State	Zip
Mailing address: Street/	PO Box	City/Town/State	Zip
		·	·
Primary contact person:F	ull name		Contact phone number
Is the company a: For	reign business corporatio	on Foreign limited liability company For	reign limited partnership
		Agent's contact person:	
agent s i ny stem mantes.	Street	City/Town/State	Zip
Agent's mailing address	Street /DO Poy	City/Town/State	Zip
		h your application along with the license fee:	Zip
	-		
of Maine.		oration, you must include a copy of the Certificate of Authority	
2) If the company is Activities in the S		ry company, you must include a copy of the Statement of Fore	ign Qualification to Conduct
		ou must include a copy of the Certificate of Authority to Trans	sact Business in the State of
	nchised new motor vehic	le dealerships in the State of Maine.	
		formation contained herein is true and correct to the bes r certify that I have been authorized by the company to	

Signature of authorized person

Printed name

Official title

Date



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Payment Information			
Please make check or money order payable to Secretary of State and send to: Bureau of Motor Vehicles , Dealer Licensing , 101 Hospital Street , 29 State House Station , Augusta , ME, 04333.			
Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.			
If you have any questions, please contact Dealer Licensing at (207) 624-9000 ext. 52143.			
Card Type: Visa Mastercard Discover American Express			
Credit/Debit Card Number:			
Expiration Date: Zip Code:			
Name as it appears on the credit/debit card:			
Signature of card holder:			