

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

| Please print and us | e blue or black ink only | | License fee: \$1,500.00 |
|--|---|--|--|
| Legal business name | »: | FDC"*kh"crrnlecdng+<"aaaaaa | aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
| P co g"qhi'Nkpg"O cng*'q"dg"tij qy p"qp"rkegpug): | | aaaaaaaaaaaaaaaa | aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
| Federal Identification | n Number: | | |
| Phone Number: | Number: Fax Number (if applicable): | | |
| Physical address: St | reet | City/Town/State | Zip |
| Mailing address: St | reet/PO Box | City/Town/State | Zip |
| Email (if applicable): _ | | | |
| Primary contact persor | r: Full name | | Contact phone number |
| Is the company a: | Foreign business corporation | Foreign limited liability company | ☐ Foreign limited partnership |
| All manufacturers | must have a State of Maine 1 | registered agent. Please supply the regi | stered agent information. |
| Registered agent's n | ame: | | |
| Agent's phone numb | per: | Agent's contact person: | |
| Agent's Physical add | dress: Street | City/Town/State | Zip |
| Agent's mailing add | ress: Street /PO Box | City/Town/State | Zip |
| You must include the | following documentation with yo | ur application along with the license fee: | |
| of Maine. 2) If the compa Activities in 3) If the compa Maine. | ny is a foreign limited liability co the State of Maine. | on, you must include a copy of the Certificate ompany, you must include a copy of the Staten nust include a copy of the Certificate of Authorealerships in the State of Maine. | nent of Foreign Qualification to Conduct |
| _ | | nation contained herein is true and correct rtify that I have been authorized by the co | |
| Signature of author | rized 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: | | | |