



Dealer Name (U-9999)

If the dealership has a DBA (Doing Business As), enter the DBA name in this field.

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

Is your business an: Individual Partnership or Corporation

Please list below the name, address, date of birth of each owner, partner or officer in your business.

Name _____ Address _____ Phone No. _____ DOB _____ Title _____

Name _____ Address _____ Phone No. _____ DOB _____ Title _____

Name _____ Address _____ Phone No. _____ DOB _____ Title _____

Name _____ Address _____ Phone No. _____ DOB _____ Title _____

Primary contact person: _____

Full Name (please print) _____ Contact phone number _____

E-mail Address (if applicable): _____

There is a \$1.00 "arbitration" fee due for each "retail" sale in the following categories:

(1) New Car (2) Used Car

Total amount (total retail sales) of arbitration fees due \$ _____

Total amount of SBI background checks: # of owners: _____ x \$21.00 = \$ _____

Total amount of renewal fees including arbitration fees and SBI background check fees \$ _____

(Please add the total amount of arbitrations fees and SBI background check fees to the total amount due from page 2)

Title 29-A §903-3: A motor vehicle dealer who engages primarily in the sale of vehicles more than 15 years old, emergency vehicles or industrial or farm equipment or who sells only trucks with a gross vehicle weight rating of more than 26,000 pounds is exempt from this subsection.

Please check if your dealership's primary sales are any of the following:

- Vehicles more than 15 years old
- Emergency Vehicles, Industrial or Farm equipment
- Trucks with a gross vehicle weight of 26,000 pounds or more



Dealer Name (U-9999)

Enter the business's current mailing address

DBA: _____

[Yellow highlighted address input field]

Mailing Address: Street/PO Box City/Town State Zip

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

Is your business an: Individual Partnership or Corporation

Please list below the name, address, date of birth of each owner, partner or officer in your business.

Name Address Phone No. DOB Title

Name Address Phone No. DOB Title

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Primary contact person: _____ Full Name (please print) Contact phone number

E-mail Address (if applicable): _____

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Enter the business's current owner

Dealer Name (U-9999)

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

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Name Address Phone No. DOB Title

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Dealer Name (U-9999) _____

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Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

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Enter the business's current phone and fax numbers.

Dealer Name (U-9999) _____

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

Is your business an: Individual Partnership or Corporation

Please list below the name, address, date of birth of each owner, partner or officer in your business.

Name Address Phone No. DOB Title

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Dealer Name (U-9999)

Enter the business's current structure.
** LLC is a limited liability corporation **

DBA:

Mailing Address: Street/PO box City/Town State Zip

Owner Name:

Sales Tax Number: Employer Identification Number (EIN):

Please print and use blue or black ink only.

Phone No. Fax No.

Is your business an: Individual Partnership or Corporation

Please list below the name, address, date of birth of each owner, partner or officer in your business.

Name Address Phone No. DOB Title

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Primary contact person: Full Name (please print) Contact phone number

E-mail Address (if applicable):

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Dealer Name (U-9999) _____

DBA: _____

Mailing Address: Street/PO Box _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

Is your business an: Individual Partnership or Corporation

Enter the business's current owners, partners, or officers. Articles of Incorporation (if applicable) or partnership agreement must match this entry.

**** The people listed in this section must submit to an SBI check annually ****

Please list below the name, address, date of birth of each owner, partner or officer in your business.

Name	Address	Phone No.	DOB	Title

Primary contact person: _____
Full Name (please print) Contact phone number

E-mail Address (if applicable): _____

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Enter the business's primary contact person, phone number and email address.

Dealer Name (U-9999) _____

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

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E-mail Address (if applicable): _____	

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Dealer Name (U-9999) _____

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Enter the amount of retail sales from page 2 of the application for new and used car sales.

Dealer Name (U-9999) _____

Enter the amount of SBI checks multiplied by the \$21 fee. Enter the total amount of fees to be added.

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

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Enter the total amount of fees to be applied to the application including arbitration, SBI, and license fees from page 2.

Dealer Name (U-9999) _____

DBA: _____

Mailing Address: Street/P.O. Box _____ City/Town _____ State _____ Zip _____

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- Vehicles more than 15 years old
- Emergency Vehicles, Industrial or Farm equipment
- Trucks with a gross vehicle weight of 26,000 pounds or more



Check the appropriate box if you sell new or used vehicles that qualify in these three categories.

Dealer Name (U-9999) _____

DBA: _____

Mailing Address: Street/PO Box _____ City/Town _____ State _____ Zip _____

Owner Name: _____

Sales Tax Number: _____ Employer Identification Number (EIN): _____

Please print and use blue or black ink only.

Phone No. _____ Fax No. _____

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Please list below the name, address, date of birth of each owner, partner or officer in your business.

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Dealer Name

Section A: Vehicle Sales
 Please indicate on the lines below the number of counts based off the notice of sales, if applicable, to your license type. (Whole sales are dealer to dealer sales and retail sales are to the general public)

	Total number of wholesale sales	+	Total number of retail sales	=	Total number of all sales
Light Trailer License	_____	+	_____	=	_____
Used Car License	_____	+	_____	=	_____

Section B: License Types

	License Fees
Light Trailer License	\$50.00
Used Car License	\$150.00
Total license fees	\$200.00

Section C: Types of Plates

	Total number of plates	Plate fee (per plate)	Plate fees
Light Trailer (Business)(B-85)	1	\$5.00	\$5.00
Used Car (Business)(U-680)	2	\$20.00	\$40.00
Total Plate Fees			\$45.00

Section D: Additional Locations

	Additional Location Fees
Total fees due (totals from sections B, C, and D only)	\$245.00

Section A: list the amount of wholesale sales and retail sales then add together for total sales. Note: Arbitration fees due are based on the amount of new and used car retail sales only.



Page 2 Walkthrough

Dealer Name _____

Section A: Vehicle Sales

Please indicate on the lines below the number of counts based off the notice of sales, if applicable, to your license type. (Whole sales are dealer to dealer sales and retail sales are to the general public)

	Total number of wholesale sales	+	Total number of retail sales	=	Total number of all sales
Light Trailer License	_____	+	_____	=	_____
Used Car License	_____	+	_____	=	_____

Section B: License Types

	License Fees
Light Trailer License	\$50.00
Used Car License	\$150.00
Total license fees	\$200.00

Section C: Types of Plates

	Total number of plates	Plate fee (per plate)	Plate fees
Light Trailer (Business)(B-85)	1	\$5.00	\$5.00
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		Total Plate Fees	\$45.00

Section D: Additional Locations

Additional Location Fees

Total fees due (totals from sections B, C, and D only)	\$245.00
---------------------------------------------------------------	-----------------

Section B: This section is an itemized list of the licenses you hold, and the fees associated with those licenses.



Page 2 Walkthrough

Dealer Name _____

Section A: Vehicle Sales

Please indicate on the lines below the number of counts based off the notice of sales, if applicable, to your license type. (Whole sales are dealer to dealer sales and retail sales are to the general public)

	Total number of wholesale sales	+	Total number of retail sales	=	Total number of all sales
Light Trailer License	_____	+	_____	=	_____
Used Car License	_____	+	_____	=	_____

Section B: License Types

	License Fees
Light Trailer License	\$50.00
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	Total Plate Fees		\$45.00

Section D: Additional Locations

Additional Location Fees

Total fees due (totals from sections B, C, and D only)	\$245.00
---------------------------------------------------------------	-----------------



Section C: This section is an itemized list of the Dealer plates you hold, and the fees associated with those plates.

**** If you are looking to increase the number of plates a dealership has, please contact our office to file the appropriate form. ****

**** If you are looking to decrease the number of plates a dealership has you may make the adjustment on this section and you must return the unused plates to our office with your renewal application. ****



Page 2 Walkthrough

Dealer Name _____

Section A: Vehicle Sales

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		Total Plate Fees	\$45.00



Section D: Additional Locations

Additional Location Fees

Total fees due (totals from sections B, C, and D only)	\$245.00
---------------------------------------------------------------	-----------------

Section D: This section is an itemized list of the additional locations (secondary or annex) a dealership has, and the fees associated with those locations.

Lastly, the total fees due that will be calculated into the total on page 1.



Bureau of Motor Vehicles
Renewal Application
Dealer License and Plates

Dealer Name (U-9999)

Since your last renewal, have you or any partner, director or officer of your business been found guilty of any of the following:

(1) Felony? YES NO

(2) Criminal violation under Title 29-A or Title 17A? YES NO

(3) Any civil judgments involving fraud, misrepresentation or conversation? YES NO

If you answered yes to any, please indicate location, date, and violation

It is understood and agreed, that if this application is granted, it is subject to all the representations and agreements contained in the original application, which is expressly referred to, and made a part of, the renewal application.

The undersigned hereby certifies that all information contained herein is true and correct to the best of my/our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Signature of authorized person Printed name Official title Date

The questions on this page of the renewal will relate to criminal or civil actions carried against all partners, directors, or officers of the business.

The answers to these questions must be true and correct to the best of your knowledge.