



Department of
the Secretary of State
Bureau of Motor Vehicles

Application for an Online Used Car Dealer License
Reference Title 29-A §958

Please print and use blue or black ink only.

Legal business name: _____ EIN: _____

DBA (if applicable): _____

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

Physical address: _____
Street _____ City/Town/State _____ Zip _____

Phone number: _____ Fax number: _____ Email: _____

Website: _____

Is your business a ☐ Limited Liability Entity ☐ Corporation

State of Incorporation: _____ Is the current corporate filing in good standing in Maine? ☐ Yes ☐ No

Please list below the full name, phone number, date of birth, and title of each owner, partner, or officer in your business.

Name	Phone No.	DOB	Title	% of Ownership
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Name	Phone No.	DOB	Title	% of Ownership
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Name	Phone No.	DOB	Title	% of Ownership
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Direct access corporate contact person: _____ Contact phone number: _____

Toll-free customer support telephone number: _____ Number of Annual Sales: _____ (proof required)

Public Use Electronic Communication address: _____

Inspection Station License Number or Name of Partner Station(s) and Number(s): _____

****You must submit with this application, a detailed explanation of your business plan that outlines your inspection criteria and copies of any agreements for each inspection station and warranty work partnership.***

Designated Registered Agent Name and Contact Information: _____

Will you establish and maintain a physical location in Maine? If so, list address below:

Maine locations will be subject to all existing standards.

Street _____ City/Town/State _____ Zip _____



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I hereby make application for an Online Used Car Dealer License and affirm that I have received a copy of the rules issued by the Secretary of State, Bureau of Motor Vehicles. I understand the rules provided, and I am able to comply with all applicable laws and rules.

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
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**Please provide proof of surety bond
(\$350,000 Minimum Required)**

Initial Application fee: \$150.00

License fee: \$500.00

SBI Background Check Fee (per owner): \$21.00

Total Fees: _____

Payment Information

Please make check or money order payable to **Secretary of State** and send it 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 and Regulation 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: _____