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

_____
Name Phone No. DOB Title % of Ownership

_____
Name Phone No. DOB Title % of Ownership

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

101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52143 Fax: (207) 624-9126 TTY Users call Maine relay 711

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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: _____

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