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

Please print and use blue or black ink only **License fee: $1,500.00**

Legal business name: _____DBA (if applicable): _____

Name of Line Make (to show on license):_____

Federal Identification Number: _____

Phone Number: _____ Fax Number (if applicable): _____

Physical address: _____
Street City/Town/State Zip

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

Email (if applicable): _____

Primary contact person: _____
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 registered agent. Please supply the registered agent information.

Registered agent's name: _____

Agent's phone number: _____ Agent's contact person:_____

Agent's Physical address: _____
Street City/Town/State Zip

Agent's mailing address: _____
Street /PO Box City/Town/State Zip

You **must** include the following documentation with your application along with the license fee:

1) If the company is a foreign business corporation, you must include a copy of the Certificate of Authority to Do Business in the State of Maine.
2) If the company is a foreign limited liability company, you must include a copy of the Statement of Foreign Qualification to Conduct Activities in the State of Maine.
3) If the company is a limited partnership, you must include a copy of the Certificate of Authority to Transact Business in the State of Maine.
4) A list of your franchised new motor vehicle dealerships in the State of Maine.

The undersigned hereby certifies that all the 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**

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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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: _____

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