



APPLICATION FOR DEALER BUSINESS LICENSE

State Form 13215 (R10 / 4-12)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION
 302 W. Washington Street, Room E018
 Indianapolis, Indiana 46204-2700
 Telephone: (317) 234-7190
 Fax: (317) 233-1915
 www.sos.in.gov

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Go to www.in.gov/sos/dealer for a list of required documents.

1. Name in which the business license will be issued			2. Federal identification number (FIN)				
3. Daytime telephone number ()	Evening telephone number ()	Fax number ()	E-mail address				
4. Legal address of business (number and street, city, state, and ZIP code)					County		
5. Registered retail merchant's certificate (RRMC) number			Tax identification number				
6. The business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned		If leased, name of lessor					
Address of lessor (number and street, city, state, and ZIP code)					Telephone number of lessor ()		
7. Name of insurance carrier		Policy number		Date of expiration (month, day, year)			
8. Indicate the type of license being applied for by checking the appropriate box.							
<input type="checkbox"/> Dealer	<input type="checkbox"/> Factory Representative	<input type="checkbox"/> Distributor	<input type="checkbox"/> Converter Manufacturer	<input type="checkbox"/> Wholesale Dealer			
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor Representative	<input type="checkbox"/> Automobile Auction	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Transfer Dealer			
9. If applying for a LICENSE, indicate the type of vehicles sold by checking the appropriate box(es).							
CARS	TRUCKS	MOTORCYCLES	MOBILE HOMES	TRAILERS	RECREATIONAL VEHICLES	ALL TERRAIN VEHICLES (ATVs)	OTHER
<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only
<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only
<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used
If you checked Other, please explain.							
10. Number of full-time sales persons directly involved with selling		11. Number of other full-time employees		12. How many vehicles do you expect to sell during the next twelve months? Wholesale _____ Retail _____			
13. Type of applicant (check one)							
<input type="checkbox"/> a. Sole proprietorship	<input type="checkbox"/> b. Partnership	<input type="checkbox"/> c. Corporation	<input type="checkbox"/> d. LLC	<input type="checkbox"/> e. LLP			
14. Do you intend to buy dealer plates? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Do you intend to buy interim plates? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many? _____			How many? _____				

18. ZONING APPROVAL - TO BE COMPLETED BY LOCAL ZONING BOARD / AUTHORITY

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting motor vehicle business at the address cited above.

Original ink signature		Date (month, day, year)
Printed or typed name		Title
Authorizing agency		

19. OWNER / OFFICER INFORMATION

A. Name of primary owner		Title	Social Security Number *
Home address (number and street)			ZIP code
City	State	Home telephone number ()	
B. Name of additional owner		Title	Social Security Number *
Home address (number and street)			ZIP code
City	State	Home telephone number ()	
C. Name of additional owner		Title	Social Security Number *
Home address (number and street)			ZIP code
City	State	Home telephone number ()	

Has any owner, partner, officer, or director of the applicant owned or worked for another dealer in this or any other state in the last three (3) years? Yes No

If yes, name of individual	Name of dealership
Address of dealership (number and street, city, state, and ZIP code)	

If yes, name of individual	Name of dealership
Address of dealership (number and street, city, state, and ZIP code)	

20. Name of person upon whom legal service or process may be made	Address (number and street, city, state, and ZIP code)	Telephone number ()
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21. If corporation, LLC, or LLP, state of action	Date of action (month, day, year)	If foreign corporation (not Indiana), date of admission to do business in Indiana (month, day, year)
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NAME OF EMPLOYEE	ADDRESS (number and street, city)	STATE	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER *

22. QUESTIONS

Has any owner, partner, officer, director, or agent of the applicant had a civil judgment or criminal conviction against them for any State or Federal laws concerning the sale, distribution, financing, or insuring of motor vehicles within the last three (3) years? Yes No

If yes, please give details.

Has any owner, partner, officer, director, or agent of the applicant had dealer plates suspended or revoked or had an application for dealer plates rejected on this or any other state within the last three (3) years? Yes No

If yes, please explain.

Is this location devoted solely to the business of buying, selling, and/or exchanging motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
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PLEASE NOTE: Every dealer, manufacturer, or distributor must file with the Secretary of State a current copy of each franchise to which it is a party; or, if multiple franchises are identical except for stated items, a copy of the franchise form with supplemental schedules of variations from the form is acceptable.

All books, records, and files relating to the applicant's inventory and motor vehicle titles must be kept at the established place of business and be available for inspection.

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Original ink signature of applicant	Date (month, day, year)
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Printed or typed name	Title
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