Reset Form

MOTOR VEHICLE BUSINESS OFFSITE LICENSE APPLICATION

State Form 43595 (R6 / 6-12)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204-2700
Telephone: (317) 234-7190
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* 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.

INSTRUCTIONS: 1. *Complete application in full; failure to provide any information may prevent this form from being processed.*
2. *Upon completion, this form will be treated as a PUBLIC RECORD.*

Business name in which license will be issued	
Business address (*number and street, city, state, and ZIP code*)	
Temporary location (*number and street, city, state, and ZIP code*)	
Telephone number ( )	E-mail address
Dealer number	Retail merchant's certificate number
Duration of event (*not to exceed 10 days*) From: To:	Type of event

Indicate the type of premises at which the event will be held:

☐ Building ☐ Tent ☐ Open Parking Area ☐ Sunday Classic / Antique Auto Auction
☐ Other (*explain*): _____

Indicate whether applicant is:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation

List the names, Social Security Numbers, titles, home addresses, and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors, if corporation.

NAME	SOCIAL SECURITY NUMBER*	TITLE	HOME ADDRESS *(number and street, city, state, & ZIP code)*	HOME TELEPHONE NUMBER

To be completed by the Executive of City, Town or County, as set forth in IC 36-1-2-5

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle Business at the temporary location cited above.

Authorized signatory	Date (*month, day, year*)
Name of authorizing agency	
Title	

CERTIFICATION

Please read each statement carefully, check each box, and initial after each statement.

☐ This temporary location for the proposed offsite sale is within twenty (20) miles of the applicant's established place of business *(see IC 9-23-2-7(c))*. _____ *Initial*

☐ The applicant has not applied for more than three (3) offsite sales in the currect year *(see IC 9-23-2-7(g))*. _____ *Initial*

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

Signature of owner, partner, or officer	Date (*month, day, year*)
Print or type name of owner, partner, or officer	Title