



STATE OF TENNESSEE
TENNESSEE MOTOR VEHICLE COMMISSION
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1153
 PHONE 615-741-2711
 FAX NO. 615-741-0651

File No. _____
Xact No. _____
Action: _____
For Office Use Only

AUTOMOTIVE MOBILITY DEALER LICENSE

ORIGINAL APPLICATION

RELOCATION APPLICATION

Application is hereby made for motor vehicle dealer license to engage in the business of selling motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq. **Print in black ink or type** requested information.

1. Firm Name _____ (_____)
 (Full name of Entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)
 _____ (_____) (Fax No. w/Area Code)

2. (a) Location Address _____ (Street)
 _____ (City) _____ (County) _____ (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)
 _____ (P. O. Box or Street)
 _____ (City) _____ (County) _____ (Zip)

3. Physical description of facility must exceed minimum requirements as per attached instruction sheet.
 Type of Building: _____ (ex. wood, brick, block, etc.); Gross Building Area: _____
 (Square Feet); Land Size _____ (Square Feet or Acreage)

4. Is the sale of motor vehicles or recreational vehicles the principal business at the location named in this application? _____
 (Yes or No)

5. Are you engaged in any other business which is conducted from this establishment? _____ (Yes or No)
 If yes, describe: _____

6. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? _____ (Yes or No)

7. Type of business (circle one); Proprietorship Partnership Corporation LLC LLP

(a) If proprietorship, give name, residential address and **cell phone** number of owner: _____

(b) If partnership, give name and residential address and **cell phone** of each partner and designate managing partner or partners:

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

8. Have you ever filed for bankruptcy? If so, when and under what name: _____

9. All facilities must be manned and open during reasonable business hours. State what days per week and hours per day this business will be open.

10. Upon facility licensure, it is required that all dealers must license salespersons through this Commission **before** they can engage in the business of selling motor vehicles or recreational vehicles. You are required to return all salespersons' license and identification cards once the salespersons employment is terminated. Salespersons' license is non-transferable. Number of salespersons expected to be employed at start-up. _____

11. Do you have on-site facilities to repair and replace functional and non-functional parts of a motor vehicle or recreational vehicles? _____
(Yes or No)

12. If no, attach a copy of your executed *Service Agreement*. Form IN-1448 is included with this application packet.

13. Has any application for a motor vehicle dealers or recreational vehicles' license ever been denied, revoked, voluntarily surrendered or suspended in this or any other state? _____
(Yes or No)

If yes, explain below what precipitated the decision and attach any/all relevant documents.

14. Proof of liability insurance with a minimum coverage of \$500,000 must be provided by a Certificate of Insurance. This insurance must remain in force for as long as the licensee is licensed. **The Tennessee Motor Vehicle Commission must be listed as the certificate holder.**

15. The prospective licensee must furnish a current financial statement with this application. See memorandum in packet for instruction. .

I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.

Date: _____

Signed: _____
(Authorized Signature)

Title: _____
(Print or Type)

(Print Authorized Signature)

Applicant's E-mail Address _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

(Notary Public)

My commission expires: _____

Mail application, attachments, and fee to the TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TENNESSEE 37243-1153.

CHECK LIST OF ATTACHMENTS TO APPLICATION:

- Application fee \$400
- 2 Year Surety Bond (Original)
- Certificate of Liability Insurance
- Copy of Zoning letter
- Copy of Service Agreement
- Copy of State Sales Tax Certificate of Registration
- Copy of County Business Tax License
- Copy of City Business Tax License, if applicable
- Copy (ies) of Financial Disclosure
- Pictures of entire outdoor display area, sign, restroom, building & office, phone #, hours & days of operation

- Financial statement prepared by CPA as per Instruction included with packet

COMPLIANCE CERTIFICATION:

- State of Tennessee Provisions
- Federal Government Provisions

IF CORP, LLC, LLP NEXT 2 ITEMS APPLY:

- Copy of Corporate Charter, if applicable
- Copy of Stockholders Update