

# ORIGINAL VEHICLE DEALER LICENSE APPLICATION

READ THE INSTRUCTION BOOKLET BEFORE COMPLETING THIS FORM

*Change of Class 'A-B' to 'B'*

1. **BUSINESS NAME** (Include any assumed names or corporation names) 1a. **EIN** (Employer Identification Number, if applicable)

2. **BUSINESS LOCATION** – (RR or PO Box numbers alone will not be accepted, the actual location must be identified)  
(Street) (City) (County) (Zip)

3. **BUSINESS CONTACT INFORMATION** (Telephone and e-mail address are required for licensure)

Telephone ( ) Fax ( ) E-mail Address:

4. **BUSINESS TYPE** (Check only one)

- Individual Owner (one person or husband and wife)  Partnership (two or more persons or husband and wife)  Corporation  Limited Liability Company

5. **LICENSE CLASSIFICATIONS** (Check appropriate box or boxes)

- CLASS A - New Vehicle Dealer  CLASS F - Vehicle Scrap Metal Processor  
 CLASS B - Used Vehicle Dealer\*  CLASS G - Vehicle Salvage Pool  
 CLASS C - Used Vehicle Parts Dealer  CLASS R - Automotive Recycler  
 CLASS D - Broker (Not compatible with Classes A or B)  CLASS W - Wholesaler  
 CLASS E - Distressed Vehicle Transporter

\*(Requires Prelicensure Training)

6. **FRANCHISE AGREEMENT OR BONAFIDE CONTRACT** (Class A only)

7. **BUSINESS DAYS AND HOURS** (Class A & B dealers require a minimum of 30 hours per week with 15 hours between 8am-5pm, M-F; Class W dealers require at least 15 hours per week between 8am-5pm, M-F; all other classes require 15 hours per week with 5 hours between 8am-5pm, M-F)

8. **OWNERS, PARTNERS, CORPORATE OFFICERS, AND DIRECTORS** (attach a separate sheet if necessary)

FULL NAME	HOME ADDRESS (Street)	CITY/STATE/ZIP	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)		
FULL NAME	HOME ADDRESS (Street)	CITY/STATE/ZIP	DATE OF BIRTH
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SOCIAL SECURITY NUMBER	DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)		

**9. SERVICING FACILITY REQUIREMENT** (Class A and B only)

- A completed Motor Vehicle Repair Facility Registration Application is enclosed.
- This business is currently a registered repair facility. REGISTRATION NUMBER: \_\_\_\_\_
- This business has an agreement with a registered repair facility, a copy of which is enclosed. The servicing facility must be located within 10 miles of the dealership's established place of business.

**10. BUSINESS LOCATION DESCRIPTION**

Is this business location presently occupied by another licensed vehicle dealer?  
 NO  YES

If YES, give dealer number and name:

**11. DEALER PLATES AND FLEET INSURANCE** (Classes A and B only)

Number of REGULAR DEALER PLATES requested: \_\_\_\_\_  
Number of MOTORCYCLE DEALER PLATES requested: \_\_\_\_\_  
Total number of all DEALER PLATES requested: 0  
Attach a copy of your fleet insurance certificate. See Instruction Booklet, Item 11

Greatest number of vehicles you expect to have on hand at one time:

**12. FEES**

A. License fee - All classes		\$ 160
B. Dealer plate fees	\$10.00 for each plate	\$ 0.00
Only Classes A and B qualify for plates and must purchase a minimum of 2 plates.		
C. TOTAL FEES (A plus B)		\$ 160.00

**LICENSE / APPLICATION FEES ARE NON-REFUNDABLE**

**13. WORKERS' COMPENSATION INSURANCE** (Class C and R only)

Check the appropriate box:

**INDIVIDUAL OWNERSHIP:**

I/we are not required to have workers' compensation insurance

**PARTNERSHIP, CORPORATION OR LLC:**

Attached is form WC-337, Notice of Exclusion.

(To determine your eligibility for a form WC-337, contact the Department of Insurance and Financial Services at 517- 284-8922)

Attached is a copy of a workers' compensation insurance certificate

**14. APPLICANT HISTORY**

A. Have any of the applicants listed in Item 8 been refused the issuance of a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license or had a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license revoked or suspended in Michigan or any other state?

NO  YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

B. Is any applicant listed in Item 8 related by birth or marriage to any currently or previously licensed Michigan vehicle dealer, vehicle wholesaler, broker, or salvage vehicle agent or was any applicant listed in Item 8 employed by or an agent for any dealer in Michigan or any other state within the past 5 years?

NO  YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include dealer license number(s), if known.

C. Have any of the applicants listed in Item 8 been arrested or convicted of a crime other than traffic violations within the past ten years?

NO  YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, and case number, if known.

D. For each applicant listed in Item 8, list names, addresses, and telephone numbers of employers **for the past 5 years** other than the dealers listed above. Also, include the job title and dates of employment for each applicant. If an applicant was self-employed, list names and addresses of businesses and type of business. If unemployed, list name, "UNEMPLOYED", and dates of unemployment. Use a separate sheet, if necessary.

<u>APPLICANT #1:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #2:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #3:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #4:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO

**15. SIGNATURES AND CERTIFICATIONS** (Each applicant listed for Item 8 must sign)

**CAUTION: ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED.**

I/we hereby certify that the persons named in this application have read: Chapter 2 of the Michigan Vehicle Code, other applicable laws that pertain to my/our dealer license and the department's Dealer Manual (available at Michigan.gov/sos) and understand the requirements of the license type that I/we are applying for.

I/we hereby certify that within the 6 months period preceding the date of the application, the applicant, the partners of the applicant, or the principal officers of the applicant, as applicable, completed the precensure dealer training program as required by MCL 257.248(2).

I/we hereby certify that each retail sales location will have a designated employee that has completed the dealer training program required under section MCL 257.248(3) or (5) as applicable within 90 days of the license issuance. A single individual may not be the designated individual for more than 3 locations.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, an established place of business as required by MCL 257.14.

I/we hereby certify that the business named in this application will maintain records only at the established place of business and will provide the records for inspection upon request by an agent of the Secretary of State or law enforcement.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, records as required by law and/or prescribed by the Secretary of State, which may include a police book, temporary registration log, vehicle parts purchase and sales records.

I/we hereby certify that the persons named in this application, if maintaining an electronic police book, will ensure that a paper copy is available upon request by an agent of the Secretary of State or law enforcement.

I/we hereby certify that the persons named in this application will take the necessary precautions to ensure the protection of the required records from fire, water damage or malfeasance.

I/we understand that the Secretary of State is not responsible for the validity of documents that I/we complete and file with the Secretary of State. I/we further understand that I/we are responsible for any false information, errors or omissions in regards to documents presented to the Secretary of State for processing.

I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

If granted a license I/we hereby certify that the persons named in this application will not sublet the dealer license to other persons and/or allow unlicensed individuals to use the license to conduct their own business/transactions. I/we understand that I/we are fully responsible for all transactions conducted with my/our dealer license number. I/we will take the necessary measures to prevent the unauthorized use of my/our dealer license number including properly completing all paperwork, forms, police book entries, temporary registration log entries, inspection of auction sales and inventory control records.

I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous license applications, licensing history, and disciplinary actions or sanctions to the Secretary of State or his/her agents.

I/we hereby grant any employers named in this application authority to release information concerning my/our employment history to the Secretary of State or his/her agents.

I/we authorize the Secretary of State to receive and review the criminal history of the individuals listed in item 8 from the Michigan State Police and the FBI via Livescan.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her agents shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

If granted a Class A or Class B or Class W vehicle dealer license, I/we certify that I/we have and will maintain security for payment of benefits under personal protection insurance, property protection insurance, and residual liability insurance as required by Public Act 294 of 1972 (no-fault insurance) for as long as this license is in effect.

If granted a Class A, Class B, or Class D vehicle dealer license, I/we certify that I/we have and shall maintain a surety bond in the amount of \$25,000 (twenty-five thousand dollars) for as long as this license is in effect.

I/we, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief. Signatures are required below.

Printed Name Signature Title Date

Printed Name Signature Title Date

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Printed Name Signature Title Date