



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**LEASING MOTOR VEHICLE
DEALER APPLICATION**

LEASING COMPANY INFORMATION

EXACT BUSINESS NAME	BUSINESS PHONE #	ALTERNATE PHONE #
REGISTERED DBA OR TRADE NAME	FAX #	COUNTY
BUSINESS STREET ADDRESS	EMAIL ADDRESS	
CITY	STATE	ZIP CODE

INITIAL	It is understood that a physical inspection will be performed by BMV investigations shortly after license issuance. If the licensed location fails to meet any of the listed requirements, it will immediately be referred to the Motor Vehicle Dealer Board for possible suspension or revocation of the license.
INITIAL	Note: The issuance of a Leasing Motor Vehicle Dealer License does not supersede local zoning. The State of Ohio (BMV) Dealer Licensing is the regulator of motor vehicle dealers, but does not pre-empt the enforcement by local authorities of local zoning, health, or safety codes or laws. It is recommended that each applicant check zoning regulations applicable to the proposed facility with their local authority prior to making application.

FEDERAL TAX ID OR EIN #	VENDOR'S #
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Make check payable to "Ohio Treasurer of State."

Fees are as follows: (DO NOT SEND CASH) *FEES ARE NON-REFUNDABLE*

Leasing licensing with plate (optional)

Permit (Required)	\$ 50.00
Master Plate	\$ 50.25
Postage	\$ 4.50
SUBTOTAL FEE	\$ 104.75
*Additional Plate(s) (Optional) \$10.25 x _____	\$
GRAND TOTAL FEE	\$

Leasing licensing with no plate (out of state)

Permit	\$50.00
GRAND TOTAL FEE	\$50.00

INITIAL	*A reasonable number of additional plates may be requested to support the motor vehicle leasing license. Plates may not be used contrary to uses as specified in the Ohio Revised Code (R.C) 4503.31. I understand that plates used for any other purpose may be reduced or may be subject to confiscation.
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Indicate style of business

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	

Based on the style of business indicated, complete the corresponding section only.

Failure to complete ANY portion will delay processing of this application.

Sole Proprietor *(BCI&I Civilian background check required)*

FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

Corporation

President <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Vice President		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Treasurer		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Secretary		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

Any additional officers, please list on a separate sheet of paper and attach to this application.

Limited Liability

Member (owning 10% or more) <i>(BCI&I Civilian background check required.)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Member (owning 10% or more) <i>(BCI&I Civilian background check required.)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Member (owning 10% or more) <i>(BCI&I Civilian background check required.)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Member (owning 10% or more) <i>(BCI&I Civilian background check required.)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

If a member is a corporation, please list; the corporation's name, federal tax ID number, address and below list officer's name, address and social security number of the applicant.

*Use only if Member is a corporation.

BUSINESS NAME	FEDERAL TAX ID OR EIN #		
ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP CODE	

Any additional officers, please list on a separate sheet of paper and attach to this application.

Partnership

Partner (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Partner (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

If a partner is a corporation, please list; the corporation's name, federal tax ID number, address and below list officer's name, address and social security number of the applicant.

*Use only if Member is a corporation.

BUSINESS NAME	FEDERAL TAX ID OR EIN #		
ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP CODE	

Any additional officers, please list on a separate sheet of paper and attach to this application.

Business Trust

Trustee (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE
Trustee (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP CODE

If a trustee, is a corporation, please list the corporation's name, federal tax ID number, address and list officer's name, address and social security number of the corporation.

*Use only if Trustee is a corporation.

BUSINESS NAME	FEDERAL TAX ID OR EIN #		
ADDRESS	CITY	STATE	ZIP CODE
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP CODE	

Any additional officers, please list on a separate sheet of paper and attach to this application.

BACKGROUND CHECK INFORMATION

Ohio residents who are owners, partners, president, or members owning 10% or more, and trustees **MUST** be electronically fingerprinted and applicants must request the results be sent electronically to **direct copy "BMV Dealer Licensing"** at the web check locations in order for them to be forwarded to the BMV dealer licensing section. (For a complete list of electronic fingerprinting locations in Ohio visit www.ohioattorneygeneral.gov).

Out-of-state applicants or those who qualify for electronic exemption must submit a fingerprint card, exemption form, and fingerprint card processing fee with the application for license. Call the Dealer Licensing section (614) 752-7636 to obtain a fingerprint card and exemption form.

Has the required person(s) had the Bureau of Criminal Identification and Investigations (BCI&I) electronic web check completed?
 Yes No

NOTE: Applications for a dealer license shall be denied for reasons listed in the R.C. 4517.12 and 4501:1-3-09 of the Ohio Administrative Code which include:

- The applicant has been convicted of **ANY** felony during the past ten (10) years.
- Any misdemeanor or felony fraudulent conviction (regardless of the conviction date) related to dealing in motor vehicles.

LEASING MOTOR VEHICLE DEALER PHYSICAL REQUIREMENTS

Below are listed the physical requirements for application. Affirm that each requirement meets exactly as intended at the time of application and shall remain in compliance the entire time the license is held.

INITIAL	The business must have a net worth (assets – liabilities) of at least \$75,000 and be maintained throughout the course of holding a valid license.
INITIAL	Is the establishment for which this application is made used exclusively for the purpose of leasing motor vehicles to the general public for personal, family or household use? If "no", give a complete detailed explanation of the type of business you are engaging in on a separate sheet and submit with the application.
INITIAL	The proposed location must be easily accessible from a public roadway and identified as a motor vehicle dealership.
INITIAL	An Office shall be separated from any residence by a permanent physical barrier and contain no less than 180 square feet of usable interior office area excluding restrooms, storage or utility space. The office shall be kept neat and orderly at all times, clearly marked and used exclusively for leasing motor vehicles. The office must include the following:

OFFICE CHECKLIST FOR A LEASING MOTOR VEHICLE DEALER (Initial next to ALL)

<input type="checkbox"/> Desk	<input type="checkbox"/> Three Chairs	<input type="checkbox"/> Facsimile Machine
<input type="checkbox"/> Electric lighting sufficient for an office	<input type="checkbox"/> Heating sufficient for an office	
<input type="checkbox"/> Telephone, in service at all times, answered in dealership name	<input type="checkbox"/> Filing Cabinet	

INITIAL	The business hours shall be open a minimum of thirty hours per week, at least six of which shall occur Monday through Friday, from seven a.m. to five p.m. and must be prominently displayed and maintained with the office staffed by a person licensed under chapter 4517 of the R.C. during the entire time the license is held.
INITIAL	A certified copy of the dealer permit and a current list of salespersons shall be posted in a conspicuous place in each place of business pursuant to R.C. 4517.10.
INITIAL	A permanent, properly maintained, and prominently displayed sign showing the exact name of the business as it appears on the application and, any registered trade names in letters, in letters that shall be no less than six (6") inches high.
INITIAL	Required at the time of application, the applicant must provide clear photographs (via mail or email) of the location showing: 1) Sign with the business name, including any registered trade names. 2) The office (inside and outside).

**PHOTOS MAY BE SUBMITTED BY MAIL WITH THE APPLICATION OR BY E-MAIL TO
dealerphotos@dps.state.oh.us**



**Please DO NOT submit an application until you meet the
LEASING MOTOR VEHICLE DEALER PHYSICAL
REQUIREMENTS that have been listed above.**

Fees are non-refundable.

Answer each of the following questions truthfully to the best of your knowledge and as a representative of all persons listed in the ownership section.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Is the applicant a, Bank Lessor, Commercial Vehicle Lessor, or a Captive Finance Lessor (i.e. Manufacturer's finance companies)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Does the business listed on this application have a net worth of at least \$75,000, maintained during the entire period for which the license is held?		
Note: No dealer shall be issued a motor vehicle dealer's license or permitted to operate under a license unless the dealer has a net worth (Net Worth = assets minus Liabilities) in the sum of \$75,000, and must be verifiable upon request of the Registrar. You may wish to contact a Certified Public Accountant for specific information.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are you or any persons listed as owners, partners, officers, members, directors, trustee officer, member, trustee owner, partner, or director listed under another motor vehicle business entity?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Have you or any person listed previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage dealership, motor vehicle salvage auction, motor vehicle salvage pool, construction equipment auction license or salesperson's license? (If "yes", please list below)		
BUSINESS NAME APPLIED IN		DATE	TYPE OF LICENSE	PERMIT # - IF ISSUED
BUSINESS NAME APPLIED IN		DATE	TYPE OF LICENSE	PERMIT # - IF ISSUED
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever have their dealer's license suspended or revoked?		

<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever been convicted of an offense that was related to the selling of or dealing in motor vehicles? <i>*If answered "yes" to either question #6 or #7 above, please provide the following information: (1) The courts journal entry showing the final disposition of your conviction. (2) The charge you were convicted of. (3) Please attach a short summary explaining the charge you were convicted of.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever had a civil judgment rendered against you / him / her that related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever had a civil judgment rendered against you that resulted from a transaction of business as a motor vehicle dealer, and remains unsatisfied? <i>*If answered "yes" to either question #8 or #9 above, please provide the following information: (1) The courts journal entry showing the final disposition of the judgment (2) The court of jurisdiction that decided the civil judgment (3) That court's case number (4) The date the civil judgment was issued</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Will any business other than a licensed motor vehicle dealer be operated from this proposed Dealership location? <i>This includes a business operating from the building your office is housed and / or any other building on the proposed motor vehicle dealership location. If yes what type of business is sharing the location (Include business name and the relationship to this proposed motor vehicle dealership). Please provide answers on a separate sheet and submit with the application.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you or do you intend on sharing the proposed business location with another licensed motor vehicle dealer? <i>* If "yes", give the business name _____</i> <i>*A Certificate of Compliance form (BMV 4347) must be submitted with this application.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. To your knowledge, was the proposed business location previously occupied by another licensed motor vehicle dealer? <i>If "yes", give the business name, if available _____</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. With the exception of sole proprietors, has the applicant completed the I-9 Employment Eligibility Verification form that is required to be on file with the employer under the Immigration Reform and Control Act of 1986, 8 USC 1324a?

YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances and • Upon random checks by the Registrar of Motor Vehicles.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that the motor vehicles owned by this business will be insured or have other FR coverage, will not be operated without FR coverage and will not be used as commercial vehicles unless so registered.

I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as owner, as a partner, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein and have initialed as required.

DATE OF APPLICATION	SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE) X
TITLE	PRINTED OR TYPED NAME OF SIGNER

NOTARY:

Subscribed and sworn to before me this _____ day of _____, _____ in the county of _____ State of Ohio.

(SEAL)

My commission expires _____ **X** _____
SIGNATURE

RETURN THE COMPLETED APPLICATION, PHOTOS, OTHER SUPPORTING DOCUMENTS AND FEES TO:

Ohio Bureau of Motor Vehicles
Attention: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

For Additional Information and Laws
Visit our Web site at www.ohioautodealers.com