APPLICATION FOR VEHICLE OR WATERCRAFT DEALER BUSINESS LICENSE

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

ZIP code

County

5. Tax identification number

Location number

6. The business location is:

If leased, name of lessor

Leased

Owned

Address of lessor (number and street)

City

State

ZIP code

Telephone number of lessor

Policy number

Date of expiration (month, day, year)

7a. Name of insurance carrier

7b. Indicate the type of license being applied for by checking the appropriate box.

- Dealer
- Manufacturer
- Distributor
- Wholesale Dealer
- Converter Manufacturer
- Distributor Representative
- Automobile Auction
- Research and Development
- Factory Representative
- Transfer Dealer

8a. Type of dealer (check one)

Vehicle

Watercraft

8b. Indicate the type of license being applied for by checking the appropriate box.

- Factory Representative
- Distributor
- Converter Manufacturer
- Automobile Auction
- Research and Development
- Transfer Dealer

9. If applying for a LICENSE, indicate the type of vehicles sold by checking the appropriate box(es).

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 units do you expect to sell during the next twelve (12) months?

Wholesale ____________

Retail ____________

13. Type of applicant (check one)

- Sole proprietorship
- Partnership
- Corporation
- LLC
- LLP

Applicants (Corporations, LLC, LLP, etc) with filings with the Indiana Secretary of State Business Services are required to submit copies of their filings (Articles of Incorporation, etc.) with the application.

14. Do you intend to buy dealer plates?

- Yes
- No

How many? ____________

15. Do you intend to buy interim plates?

- Yes
- No

How many? ____________

16. 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
### 17. OWNER / OFFICER INFORMATION

<table>
<thead>
<tr>
<th>A. Name of primary owner</th>
<th>Title</th>
<th>Home address (number and street)</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home telephone number (           )</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of additional owner</th>
<th>Title</th>
<th>Home address (number and street)</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>City</td>
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<td></td>
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<th>C. Name of additional owner</th>
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</tr>
</tbody>
</table>

The applicant and all corporate officers, partners, and owners must submit to a national criminal history background check (as defined in IC 10-13-3-12) administered by the state police at the expense of the applicant and the corporate officers, partners, and owners. The secretary may deny an application based upon felony or misdemeanor convictions related to dealing in motor vehicles.

18. Has any owner, partner, officer, or director of the applicant owned or worked for another dealership in this or any other state?  
   - [ ] Yes  
   - [ ] No

   If yes, name of individual

   Name of dealership

   Address of dealership (number and street)

   City

   State

   ZIP code

   If yes, name of individual

   Name of dealership

   Address of dealership (number and street)

   City

   State

   ZIP code

19. Name of person upon whom legal service or process may be made

   Address (number and street, city, state, and ZIP code)

   Telephone number (                      )

20. 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)

### 21. REPRESENTATIVE

<table>
<thead>
<tr>
<th>ADDRESS (number and street)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

### 22. QUESTIONS

Has any owner, partner, or director on the application ever been arrested or convicted of a crime that has not been expunged by a court?  
   - [ ] Yes  
   - [ ] No

If yes, please give details.

Has any owner, partner, or director on the application had a license suspended, or revoked or had an application for a license denied in this or any other state?  
   - [ ] Yes  
   - [ ] No

If yes, please explain.

Is this location devoted solely to the business of buying, selling, and/or exchanging motor vehicles?  
   - [ ] Yes  
   - [ ] No

If no, please explain.
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.

A Surety Bond is required for all dealers licensed under IC 9-32-11.

All applications must have the application / license fee attached. Fees are posted on the Secretary of State, Auto Dealer Service Division website: www.in.gov/sos/dealer.

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.

<table>
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<th>Original ink signature of applicant</th>
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