



# MOTOR VEHICLE DEALER LICENSE APPLICATION FOR INITIAL LICENSE/RENEWAL/CHANGE

MVDB 10 (07/01/2019)

**PURPOSE:** Dealers use this form to apply for initial dealer license and to notify MVDB of changes. This form is also used for dealer license renewal. Dealers must review for accuracy and complete all items (front and back) and **include email addresses**. Dealer changes such as dealership address change/relocation, ownership changes, add/delete manufacturer or distributor-operator requires supporting documentation before the change is authorized and approved. For additional information, visit [www.mvdb.virginia.gov](http://www.mvdb.virginia.gov).

OFFICE USE ONLY		
CERT. END FEE	PLATE FEE	SLS FEE
FUND FEE		TOTAL FEE
CHECK NUMBER	NOTE	
OVERPAY	SHORTAGE	
TECH INITIALS		

FOR LICENSE YEAR ENDING	DEALER CERTIFICATE NUMBER (if currently licensed)
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**1. If you are a Motor Vehicle Dealer, please indicate which of the following applies. (Check only one.) See letter for additional information.**

\$350 Fund Fee and \$50,000 Bond  
 \$100,000 Bond *(submit copy)*

**2. TYPE OF APPLICATION**  
*Note: if this is an initial or change in location application, an approved Local Zoning Certificate must be submitted with this application. Include any supporting documentation with this application.*

INITIAL APPLICATION     RENEWAL APPLICATION  
 CHANGE (EXPLAIN)

**3. TYPE OF MOTOR VEHICLE DEALER LICENSE(S)** Check all that apply:

FRANCHISED	INDEPENDENT
<input type="checkbox"/> CAR/TRUCK	<input type="checkbox"/> CAR/TRUCK
<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> MOTORCYCLE
<input type="checkbox"/> RECREATIONAL VEHICLE	<input type="checkbox"/> RECREATIONAL VEHICLE
<input type="checkbox"/> TRAILER	<input type="checkbox"/> TRAILER
<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> AMBULANCE
<input type="checkbox"/> FUNERAL VEHICLE	<input type="checkbox"/> FUNERAL VEHICLE
<input type="checkbox"/> FIRE-FIGHTING VEHICLE	<input type="checkbox"/> FIRE-FIGHTING VEHICLE

<b>4. NAME OF BUSINESS</b>	TRADING AS NAME
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BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE)	CITY	ZIP CODE
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<input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY JURISDICTION OF BUSINESS	DEALER-OPERATOR (PERSON OPERATING BUSINESS)
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DEALER'S SOCIAL SECURITY OR EMPLOYER ID NUMBER	DEALER'S BUSINESS PHONE	DEALER-OPERATOR HOME/CELL PHONE NUMBER
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DEALER'S EMAIL ADDRESS	DEALER-OPERATOR'S EMAIL ADDRESS	PROCESSING FEE AMOUNT
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POSTED BUSINESS HOURS						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

**5. TYPE OF OWNERSHIP. CHECK ONE:**     INDIVIDUAL     PARTNERSHIP     CORPORATION     LLC    STATE IN WHICH INCORPORATED

**6. Name, title and residential address of each owner, member, partner and/or officer of this business. Use additional sheet(s), if necessary.**

NAME	TITLE	ADDRESS

**7. FRANCHISED DEALERS ONLY** Attach a copy of the Franchise and service agreement with manufacturer or distributor if this is an initial application. Only list line-makes of vehicles to be sold in this state. DO NOT list models as line-makes. Use additional sheet(s), if necessary, and attach.

MANUFACTURER	ADDRESS	LINE-MAKES

**8. FRANCHISED DEALERS ONLY** List name and address of individual awarded franchise(s) or sales agreement(s). Use additional sheet(s), if necessary, and attach.

NAME \_\_\_\_\_

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
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**9. READ EACH QUESTION BELOW AND CHECK THE APPROPRIATE RESPONSE**

	YES	NO
<b>A.</b> Has any owner, partner, officer or Dealer-Operator of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or has his/her license or certificate suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of odometer tampering or any related violation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> Has any owner, partner, officer or Dealer-Operator committed any act or omitted any duty, with the result being administrative action taken by the Board or DMV?	<input type="checkbox"/>	<input type="checkbox"/>
<b>G.</b> If the answer to any of the above questions is YES, please explain on a separate sheet (include names, dates, court jurisdictions and result of administrative proceedings).		
<b>H.</b> Are all salespersons employees of the dealership (issued a W-2) and <b>not</b> independent contractors (issued a 1099)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>I.</b> Is any owner, partner, officer or Dealer-Operator applying to be, required to be, or currently licensed as a vehicle manufacturer, factory branch, distributor, distributor branch, or subsidiary thereof in the Commonwealth? If YES, indicate Dealer Certificate Number: _____	<input type="checkbox"/>	<input type="checkbox"/>

**PRIVACY STATEMENT**

In accordance with Virginia Code §§ 2.2-803, 2.2-4807 and 58.1-520 et seq, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

**10. CERTIFICATION.** Read and certify by printing and signing below.

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to MVDB are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER, PARTNER, OFFICER OF THE BUSINESS NAME (print)	NAME OF BUSINESS
OWNER, PARTNER, OFFICER OF THE BUSINESS SIGNATURE	DATE (mm/dd/yyyy)