

ADDING A FRANCHISE

ITEMS NEEDED:

- A completed application for Vehicle Dealer's License adding the new franchise.
- Franchise approval letter(s) from the licensed manufacture giving you permission to sell their vehicle. This letter must have the dealership's full name and address.
- Criminal Record Request Forms must be completed for all officers on the application if the latest one on file is more than five years old.
- The present Dealer's Wall License must be submitted with packet.
- The applicable fee for a corrected Dealer's Wall License.

Application for Vehicle Dealer's License

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|---|---|---|---|
| Type of Dealership <input type="checkbox"/> Used Car <input type="checkbox"/> New Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Trailer over 15 feet <input type="checkbox"/> Boat Trailer/Trailer < 15 ft <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Wholesale | Type of Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> Original Application <input type="checkbox"/> Additional Location <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Ownership | Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Close Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Individual Owner | _____ Dealer's Lic. # _____ Expiration Date _____ License Control Number |
|---|---|---|---|

Company Name (include trade name) _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Business Phone _____ Business Hours _____

Employer ID Number (FEIN) _____ Current Trader's License Number _____

Email Address _____

Primary Contact (The information will be used for all MVA Business Licensing related matters)

Name _____ Phone Number _____ Email Address _____

**List all owners, partners or officers of the corporation below. Indicate which receives the Gratis Salesman License.
 Note: One Gratis Salesman's License is issued per dealer license fee paid.**

Name of Owner, Partner or Officer _____ Social Security Number _____ Position _____ Home Phone No. _____

Street Address (Home) _____ City _____ State _____ Zip Code _____

Date of Birth _____ Driver's License Number _____ State _____

Name of Owner, Partner or Officer _____ Social Security Number _____ Position _____ Home Phone No. _____

Street Address (Home) _____ City _____ State _____ Zip Code _____

Date of Birth _____ Driver's License Number _____ State _____

Name of Owner, Partner or Officer _____ Social Security Number _____ Position _____ Home Phone No. _____

Street Address (Home) _____ City _____ State _____ Zip Code _____

Date of Birth _____ Driver's License Number _____ State _____

Other than those listed above, list all that have direct or indirect financial interest in this dealership. Please attach additional statements if more space is required.

First, Middle, and Last Name _____ Soc. Sec. No. _____

Street Address (Home) _____ City _____ State _____ Zip Code _____

First, Middle, and Last Name _____ Soc. Sec. No. _____

Street Address (Home) _____ City _____ State _____ Zip Code _____

List all places for storage

List makes of vehicles for which your dealership holds a franchise.

YES NO

- 1. Do you operate a repair facility at this location? If no, please attach a completed Service Shop Contract (Form CS-125).
- 2. Have you ever been licensed as a vehicle dealer, salesman, a title service agent in Maryland or any other state?
 If yes, Person Licensed _____
 Name of Business _____ Type of license _____
 License number _____ State _____ Expiration _____
 Submit additional information on separate sheet.
- 3. Are any administrative actions, including suspension, revocation, refusal or fines pending against any license you have ever held?
 NOTE: This does not include your personal driver's license.
 If yes, Business _____ Licensee _____
 Type of license _____ License number _____
 State _____ Expiration _____ Date of action _____
 Submit additional information on a separate sheet.
- 4. Has any business license you have held in Maryland or any other state been suspended, revoked, or refused?
 NOTE: This does not include your personal driver's license.
 If yes, Business _____ Licensee _____
 Type of license _____ License number _____
 State _____ Expiration _____ Date of action _____
 Submit additional information on separate sheet.
- 5. Have any of the owners, management personnel, or any other person who shall have a financial interest, either direct or indirect in the business, ever been convicted of a crime other than a traffic violation? If yes, give details in a separate statement as to date(s).
- 6. Do any of the persons listed on this application have a financial interest, either direct or indirect, with any other new car, used car, motorcycle, trailer, or wholesale dealer in this state? If yes, please give details in a separate statement.
- 7. Are you currently employed with a Maryland State Government Agency? If yes, what Agency? _____
- 8. Was a dealership at this location previously? If yes, please provide information. _____

Insurance Information

- 9. **Surety Bond Insurance Company** _____ **Policy/Binder #** _____ **Agent** _____
- 10. **Do you provide Worker's Compensation?** If no, attach copy of your exemption certificate.
Insurance Company _____ **Policy/Binder #** _____ **Agent** _____
- 11. Do you provide mechanical repair contracts or extended warranties? If yes, as required by law, I have secured a reimbursement insurance policy as follows.
Insurance Company _____ **Policy/Binder #** _____ **Agent** _____
- 12. Number of tags requesting _____ Number of Salesman Employed _____
Insurance Company _____ **Policy/Binder #** _____ **Agent** _____
- 13. Please list number of vehicles sold during the previous year. Retail _____ Wholesale _____
 If an original application, projected number of vehicles to be sold in the next 12 months. _____
- 14. For renewals, please list number of dealer tags assigned to dealership. _____

Certification

All willful misinformation provided with fraudulent intent may be prosecuted under Maryland Law. I solemnly affirm under penalties of perjury and upon personal knowledge the contents of the foregoing document is true and correct. This dealership meets the location requirements and I/we understand the titling and registration, insurance, inspection, and dealer licensing provisions set forth in Maryland Vehicle Law and pertinent Motor Vehicle Administration regulations.

Name of Dealership _____

_____ **by** _____
Date Applicant Signature Capacity Printed Name

_____ **by** _____
Date Applicant Signature Capacity Printed Name

_____ **by** _____
Date Applicant Signature Capacity Printed Name

(All owners and corporate officers are required to sign.)

For MVA Use Only

Date _____ CV CK C

Site Inspection _____ Pass _____ Fail _____ Investigator Printed Name _____ Date _____

Application _____ Accepted _____ Rejected (see Attached) _____ Representative Printed Name _____ Date _____



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.



MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License: Dealer Salesman Professional Driver Instructor Title Service Agent Other

Instructions for Criminal Background Request

This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:

This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only: