



STATE OF FLORIDA  
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
 DIVISION OF MOTOR VEHICLES  
 NEIL KIRKMAN BUILDING-TALLAHASSEE, FLORIDA 32399-0500



**APPLICATION FOR LICENSE AS A MOTOR VEHICLE,  
 MOBILE HOME, OR RECREATIONAL VEHICLE DEALER**

DMV USE ONLY

Pursuant to Sections 320.27, 320.642(6), 320.71, 320.77, or 320.771, Florida Statutes, I hereby make application and submit the required documentation for a license, license renewal, or modifications as:

- |  |  |
|--|--|
| <input type="checkbox"/> VF Franchised Motor Vehicle Dealer - 320.27, F.S.               | <input type="checkbox"/> Original  |
| <input type="checkbox"/> SF Franchised Motor Vehicle Service Facility - 320.642(6), F.S. | <input type="checkbox"/> Modification  |
| <input type="checkbox"/> VI Independent Motor Vehicle Dealer - 320.27, F.S.              | <input type="checkbox"/> Motorcycle Sales  |
| <input type="checkbox"/> VW Wholesale Motor Vehicle Dealer - 320.27, F.S.                | <input type="checkbox"/> Dealer Development Franchise (Attach copy of the Dealer Development Agreement & Management Agreement) |
| <input type="checkbox"/> VA Motor Vehicle Auction - 320.27, F.S.                         |  |
| <input type="checkbox"/> BH Used Mobile Home Broker - 320.77, F.S.                       |  |
| <input type="checkbox"/> DH Mobile Home Dealer - 320.77, F.S.                            | <input type="checkbox"/> RV Sales 320.771, F.S. (For modifications, answer Item 1. below)                                      |
| <input type="checkbox"/> RV Recreational Vehicle Dealer - 320.771, F.S.                  |  |
| <input type="checkbox"/> NI, NH, NR Non-Resident Dealer - 320.71, F.S.                   | Current License No. _____  |

Fictitious Business Name (d/b/a): \_\_\_\_\_ Telephone Number \_\_\_\_\_

Owner/Partner/LLC/LLP or Corporation Name: \_\_\_\_\_

Dealership Physical Address: \_\_\_\_\_  
 Street

City County Zip Code

Mailing Address: \_\_\_\_\_  
 Street Address

City County Zip Code

E-Mail Address: \_\_\_\_\_

Additional phone numbers Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 where dealer can be contacted: Beeper: \_\_\_\_\_ Other: \_\_\_\_\_

**1. Modifications (check and answer applicable choices):**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Change of Location  | Old Address: _____              |
| <input type="checkbox"/> Name Change   | Former Name: _____              |
| <input type="checkbox"/> Adding a Franchise  | Line - Make: _____              |
| <input type="checkbox"/> Deleting a Franchise  | Line - Make: _____              |
| <input type="checkbox"/> Change of Mailing Address   | Old Address: _____              |
| <input type="checkbox"/> Change of Supplemental Location to Main Location/<br>Main Location to Supplemental Location | Address of Main Location: _____ |
| <input type="checkbox"/> Supplemental Location   |                                 |
| <input type="checkbox"/> Corporate Update  |                                 |
| <input type="checkbox"/> Postal Update   |                                 |

If application is approved, total number of supplemental locations: \_\_\_\_\_

LICENSE NUMBER
ISSUE DATE
DATE RECEIVED IN REGION OFFICE
DATE RECEIVED IN DEALER LICENSE SECTION
REPORT NUMBER
DATE MAILED
AMOUNT
CHECK NUMBER
APPLICATION NUMBER
OFFICE USE

Zone # \_\_\_\_\_

Insp# \_\_\_\_\_

**APPLICATION FOR A LICENSE AS A MOTOR VEHICLE, MOBILE HOME, OR RECREATIONAL VEHICLE DEALER**

2. If franchised, list authorized line makes for which you are licensed or are applying for a license: \_\_\_\_\_

3.  Sole Ownership     Partnership     Corporation     Limited Liability Company/Partnership

**A. OWNERS/PARTNERS:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code
Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code
Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

**B. CORPORATE/LLC/LLP:** \_\_\_\_\_

Corporate Name				
Corporate Headquarters Business Address		City	State	Zip Code

**PRESIDENT/MEMBER/PARTNER:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

**VICE PRESIDENT/MEMBER/PARTNER:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

**SECRETARY/MEMBER/PARTNER:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

**TREASURER/MEMBER/PARTNER:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

**DIRECTOR/MEMBER/PARTNER:** \_\_\_\_\_

Last Name		First Name		Middle Initial
Date of Birth	Social Security Number	Home Phone Number	Daytime Phone Number	
Residence Address		City	State	Zip Code

4. If the place of business is owned by applicant, date of acquisition: \_\_\_\_\_

5. Federal Employer's Identification Number: \_\_\_\_\_  
If no FEID or employees, see Certification Statement.

6. Florida Sales Tax Number: \_\_\_\_\_  
This field is mandatory for processing.

**7. Has the applicant, any partner, or any corporate officer or director:**

- YES  NO Been arrested on a felony or equivalent charge anywhere?
- YES  NO Been convicted of a felony or equivalent anywhere?
- YES  NO Been convicted for a violation of any provision of Chapter 319 or 320, Florida Statutes?
- YES  NO Been convicted in any other jurisdiction for violation of motor vehicle laws  
(excluding parking and traffic laws)?
- YES  NO Now facing criminal charges anywhere?
- YES  NO Been denied a surety bond?
- YES  NO Ever had a surety bond cancelled?
- YES  NO Been a licensed dealer in Florida or any other jurisdiction?  
State: \_\_\_\_\_ License #: \_\_\_\_\_
- YES  NO Been denied or had dealer license suspended or revoked in Florida or any other jurisdiction?

**(IF THE ANSWER TO ANY PART OF QUESTION 7 IS "YES", APPLICANT IS REQUIRED TO SUPPLY APPROPRIATE DOCUMENTATION. IN THE CASE OF A CONVICTION, PROOF OF RESTORATION OF THE APPLICANT'S CIVIL RIGHTS MUST ACCOMPANY THIS APPLICATION.)**

If applicable, attach the following items to application:

- A true copy of property lease or proof of ownership
- Fingerprint cards
- Dealer training course completion document
- Surety bond/irrevocable letter of credit
- Copy of Garage Liability Insurance Policy
- Fictitious name registration
- Organization/Corporation Papers/Meeting minutes showing election of corporate officers and directors

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**CERTIFICATIONS/STATEMENTS**

**Florida law requires applicants for various dealer licenses to provide certification or statements on a variety of issues. Please carefully read, complete, sign and date applicable certifications and statements.**

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**Required of Motor Vehicle Dealer License Applicants**

**I certify that my business location provides an adequately equipped office and is not a residence; that the location affords sufficient unoccupied space upon and within which adequately to store all motor vehicles offered and displayed for sale; and that the location is a suitable place where I can in good faith carry on such business and maintain and keep books, records, and files necessary to conduct such business, which will be available at all reasonable hours to inspection by the department or any of its inspectors or employees. I further certify that the business of a motor vehicle dealer is the principal business which shall be conducted at the location.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Required of Mobile Home and Recreational Vehicle Dealer License Applicants:**

I certify that my business location is a permanent one, not a tent or a temporary stand or other temporary quarters; and, except in the case of a mobile home broker, that the location affords sufficient unoccupied space to store all mobile homes and recreational vehicles offered and displayed for sale; and that the location is a suitable place in which I can, in good faith, carry on business and keep and maintain books, records, and files necessary to conduct such business, which will be available at all reasonable hours for inspection by the department compliance examiners, inspectors or other department employees. I understand that this does not preclude a licensed mobile home dealer from displaying and offering for sale mobile homes in a mobile home park. I further certify that the business of a mobile home or recreational vehicle dealer is the principal business which shall be conducted at the location unless I am a mobile home park operator licensed as a mobile home dealer.

I plan to sell park models and recreational vehicles and understand the requirement to obtain Garage Liability Insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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If no Federal Employer's Identification Number is obtained, the following statement is required of the applicant:

The individual owner(s) of the dealership is (are) performing all duties in the business. There are no employees in the dealership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Required of Recreational Vehicle Dealer License Applicants:**

As an applicant for a recreational vehicle dealer license, issued pursuant to Section 320.771, Florida Statutes, I have not and will not enter into any agreement, written or oral, with any other person or business entity, which would constitute an unfair and deceptive trade practice in violation of Part II of Chapter 501, Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION**  
**(Must be completed by all dealership officers)**

Under penalty of perjury, I do swear or affirm that the information contained in this application is true and correct and that applicant, if licensed, will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles.

I further certify that I am authorized to bind the application with my signature.

I understand that I must meet all zoning requirements and occupational license requirements that may be mandated by local or county ordinances.

<b>Signature</b>	<b>Typed Name and Title</b>	<b>Date</b>
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**NOTARIAL CERTIFICATE**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The attached instrument was acknowledged before me on this date, \_\_\_/\_\_\_/\_\_\_ by Mr./Mrs./Ms.

\_\_\_\_\_ who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did take an oath.

(seal)

\_\_\_\_\_ (Signature of Notary)

\_\_\_\_\_ (Name of Notary, typed, printed or stamped)

Notary

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Commission Serial Number)

**Important:**

**This certification is required for each officer of the dealership. If necessary, please make copies of this page. After completing this certification for each officer; attach each copy to this application.**

**Each certification must be notarized.**

