Kentucky Motor Vehicle Commission
APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

Dear Applicant:
The enclosed is furnished in response to your request for an application for a motor vehicle dealer license. It is essential that you follow the instructions in this letter and in the application in detail to ensure timely processing of your application. *The application must be typewritten or legibly printed.* An incomplete application will be returned.

Item #1—Refers to the type of license required. (See attached definitions of licenses.) A dealer may require more than one license depending upon the scope of his/her business. For example, a franchised new motor vehicle dealer who also leases vehicles would place a mark in the bracket next to "New Motor Vehicle Dealer" and in the bracket next to "Motor Vehicle Leasing Dealer." The fee in this case would be two hundred dollars ($200.00).

- A dealer who sells an operable, road-worthy used motor vehicle, which is on a regular or rebuilt title, must have a "Used" or "Wholesale" motor vehicle dealer license. If that dealer also dismantles, salvages, or recycles salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, he/she must also have the "Restricted/Automotive Recycling Dealer" license, in addition to the other license(s).
- A dealer who sells vehicles with regular or rebuilt titles, and who also dismantles, salvages, or recycles salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, must have both endorsements on the license, if he/she carries on both activities at the same location. If he/she sells motor vehicles from one lot and recycles vehicles to harvest parts at another, a separate license must be obtained for each location.

Item #2—Revenue Cabinet sales tax permit number may be obtained by visiting or writing the Revenue Cabinet at 501 High Street, Frankfort, Kentucky. The telephone number for that office is (502) 564-3306.

Item #3 – The trade name under which the dealership will be operated must incorporate the words "used cars," "auto sales," "auto mart," "motor sales," or other similar wording which clearly identifies the business as a motor vehicle sales business. This trade name must be the exact wording as that listed on the dealership sign (retail only) and on your insurance filing. It is much simpler for you to operate under your own name (such as John B. Jones Auto Sales). However, if you wish to use an assumed name, you must provide the following: (A) Sole proprietor applicants wishing to operate under an assumed name must submit a certified copy of an assumed name certificate (the certification is performed by the county clerk and the form is included in this application package on Page 7), (B) All corporations and partnerships wishing to operate under an assumed name must file an assumed name certificate with the Office of the Secretary of State (telephone number 502-564-3490) and with the county clerk and furnish a copy with your application to this office along with Articles of Incorporation. The form to be used is page 7A.

Item #4—List the name(s) and percentage(s) of ownership of each owner, partner, or corporate officer.

Item #5—The address of the established place of business must identify the exact location of the business and must also have a mail drop. "Established place of business," as defined in Chapter 190 of the Kentucky Revised Statutes means: "A permanent, enclosed, commercial building located within this state easily accessible and open to the public at all reasonable times, and at which the business of a vehicle dealer, including the display and repair of vehicles, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning, and other land use regulatory ordinances."

Items #6, #7, #8, #9 and #10—Self-Explanatory.

Pages 2 and 2A—*Financial Statement.* Complete the financial statement in detail, as accurately and as completely as possible. Improperly completed statements will cause a delay in approving the license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, put a statement to that effect on the financial statement. In addition to the financial statement, the applicant may be required to post a bond in any amount not less than fifteen thousand dollars ($15,000.00).

Kentucky Motor Vehicle Commission

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Page 3—Be sure submitted photos are in color and of good quality. Wholesale applicants may omit photo number one.

Pages 4 and 4A—The Personal Data form and the Waiver Release form may be reproduced, if required, for additional partners or corporate officers.

Pages 5, 5A and 5B --- The Personal Data form and the Waiver Release form may be reproduced, if required, for additional sales persons.

Pages 6, 7, 7A, 7B, 8 and 9—Self-Explanatory.

Page 10—Only those applicants for the Restricted/Automotive Recycling Dealer License need to provide the information specified on this page.

Additionally, the dealer license fee(s), salespersons license fee(s), and insurance are not required prior to approval of your application.

The salesperson license(s) will be provided to you by the Motor Vehicle Commission upon receipt of your application. Each license should be typewritten or legibly printed, and there is a $20 fee for each license. Each different type dealer requires salespersons to be licensed, except if restricted/recycling only. All owners/partners of a dealership are also required to be licensed as salespersons.

SEPARATION OF FACILITIES—If you or any other person conducts another business from the location for which the dealer license is used or applied for, your display lot/customer parking area must be separate and apart from what is used for the other business. Your office need not be a separate walled enclosure, but it must be a separate defined area with office furnishings. If there is any question about separation, the Commission may require a physical barrier to be installed between the different businesses.

SUPPLEMENTAL LOT APPLICATIONS (*for New Vehicle Dealers only, for the purpose of selling used vehicle inventory*)—If you are applying for a Supplemental Lot License, you NEED NOT fill out Pages 4 and 5 of the application.

A dealer who operates at more than one location must have a dealer license for each location. This includes separate building franchises.

Upon completion of the application, mail it to this office with a processing fee of forty dollars ($40.00); in addition, enclose another fee of twenty dollars ($20.00) for each owner, partner, or corporate officer listed on Page 1 of the application to conduct a criminal background check and ($20.00) for each salesperson license background check that is not an owner. Make all checks payable to the "Kentucky State Treasurer." Each application will be reviewed to determine completeness. The Motor Vehicle Commission meets once a month and applicants will be notified by mail of the Commission's decision.

Sincerely,

Motor Vehicle Commission
105 Sea Hero Road, Suite 1
Frankfort, Kentucky 40601
(502) 573-1000

NOTE: Your application must be received at least ten (10) working days prior to the Commission Meeting at which it is to be considered. The Commission meets the second Friday of each month, but the date may be change due to holidays or bad weather. For an application cut-off date, please call our office at (502) 573-1000.

The Kentucky Motor Vehicle Commission does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities.

DEFINITIONS

1. **New Motor Vehicle Dealer**—A vehicle dealer who holds a valid sales and service agreement, franchise, or contract, granted by the manufacturer, distributor, or wholesaler for the sale of manufacturer's new motor vehicles.

2. **Used Motor Vehicle Dealer**—Any person engaged in the business of selling at retail, displaying, offering for sale or dealing in used motor vehicles, but does not mean any person engaged in the business of dismantling, salvaging, or rebuilding motor vehicles by means of using parts.

3. **Motor Vehicle Leasing Dealer**—Any person engaged in the business of regularly making available, offering to make available, or arranging for another person to use a motor vehicle pursuant to a bailment, lease, or other contractual arrangement under which a charge is made for its use at a periodic rate for at least a monthly term, and title to the motor vehicle is in the name of a person other than the user, but does not mean a manufacturer or its affiliate leasing to its employees or to dealers.

4. **Supplemental Lot**—A supplemental lot license is for new vehicle dealers only and is for the purpose of selling used vehicle inventory.

5. **Wholesale Motor Vehicle Dealer**—A dealer who sells to other licensed dealers only. Retail sales to the general public are prohibited.

6. **Motor Vehicle Auction Dealer**—Any person primarily engaged in the business of offering, negotiating, or attempting to negotiate a sales, purchase, or exchange of a motor vehicle through auction.

7. **Automotive Mobility Vehicle Dealer**—One who is engaged in the business of selling at retail, displaying, offering for sale, or otherwise dealing in new or used motor vehicles which are specially designed or permanently modified for use by aging or disabled persons.

8. **Motor Vehicle Salesperson**—Any person who is employed as a salesperson by a motor vehicle dealer to sell motor vehicles or who is employed as an auctioneer by a motor vehicle auction dealer to sell motor vehicles at auction.

9. **Assumed Name Certificate**—The certificate on Page 7 is required of any sole proprietorship doing business under any name other than the one which uses the last name of the owner. Partnerships or corporations are to use the assumed name certificate on Page 7A.

10. **Restricted Dealer/Mobility Dealer**—A motor vehicle dealer who exclusively sells, offers to sell, solicits, or advertises specialized motor vehicles such as, but not limited to, funeral coaches and emergency vehicles.

11. **Restricted/Automotive Recycling Dealer**—Any person engaged in the business of dismantling, salvaging, or recycling salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation.

12. **Motorcycle Dealer**—A motor vehicle dealer who exclusively sells, offers to sell, solicits, or advertises motorcycles.

13. **Established Place of Business** – A permanent, enclosed commercial building located within this state easily accessible and open to the public at all reasonable times, at which the business of a motor vehicle dealer, including the display and repair of vehicles, may be lawfully carried out in accordance with the terms of all applicable building codes, zoning, and other land use regulatory ordinances.

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

This application must be completed in detail and **typewritten or legibly printed.** No application will be reviewed unless it is in compliance with the instructions set forth herein. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application. An incomplete application will be returned.

Applicant, as used in this application, means an individual operating with his/her name or under an authorized assumed name; two or more partners operating as a partnership under an assumed name; the officers and directors of the corporation operating under the corporate name or an authorized assumed name; and any person with an ownership interest in the proposed business.

New Application_____ Change of Location_____ Change of Ownership_____ Name Change _____

Check Each License Required

New Motor Vehicle Dealer	( ) $100	Wholesale Motor Vehicle Dealer	( ) $100
Used Motor Vehicle Dealer	( ) $100	Motor Vehicle Auction Dealer	( ) $100
Motor Vehicle Leasing Dealer	( ) $100	Motorcycle Dealer	( ) $100
Supplemental Lot	( ) $100	Restricted Dealer/Mobility Dealer	( ) $100
		Restricted/Automotive Recycling Dealer	( ) $100

2. Revenue Cabinet Sales Tax Permit Number_____

3. The name of the applicant, including the full legal name of an individual, and the legal name of an artificial entity (partnership, corporation, or LLC as set forth in the applicable filing jurisdiction), and the name to be used by the dealership if different than the name of the applicant.

   _____

   (a) Sole proprietor applicants wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate along with proof of filing with the county clerk (Page 7).
   (b) All other applicants (corporation, partnership, etc.) wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State and county clerk (Page 7A).
   (c) All limited liability companies should submit a copy of their Articles of Organization, along with a proof of filing with the Secretary of State. Limited liability companies in many respects operate as corporations, and they only exist once certain filings are made in the Secretary of State's Office.

4. Name of all owners, members, or partners of a corporation, partnership or limited liability company. The percentage of ownership of each owner should also be stated.

   _____ _____% _____ _____%

   _____ _____% _____ _____%

5. Address of established place of business, as defined in KRS Chapter 190. (The mailing address and the actual address of the business must be the same.) For mailing purposes, you may add a post office box number in the same city.

   Street_____ City _____ County _____

   Zip Code_____ Business Telephone Number(s)_____ Fax_____

Has the above-described address been previously utilized as a motor vehicle dealership, and if so, under what name, and date of last license? _____

6. If business is located outside the city limits, the following information must be furnished: Miles from city limits_____, in which direction_____, Highway Number_____

7. Are you a franchised new motor vehicle dealer? Yes_____ No _____ If yes, attach manufacturer authorization.

   If yes, what lines or makes of vehicles are you franchised?_____

8. Do you own the property occupied by the proposed dealership? Yes_____ No _____
   If the property is not owned by the dealership, a copy of the lease (for a minimum of 1 year) must be attached to this application. The lease must reveal the names and addresses of the lessee and the lessor.

9. Dimensions of lot used exclusively in the business_____;

   material of which display/storage lot is covered_____; and

   size of office_____.

10. Is any other business operated from this location? Yes_____ No _____. If yes, give nature of business, business name and other name:_____

    (Physical separation from other business will be required.)

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

FINANCIAL STATEMENT

Note: It is very important to complete this statement as accurately and completely as possible. Improperly completed statements can cause a delay in approving your license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, supply a separate statement attesting to that fact. Let your bookkeeper/banker review for accuracy. If additional space is needed, include on separate sheet.

A. BUSINESS ASSETS For the proposed motor vehicle sales business, provide the following complete and current account of all assets now available for its operation.

Amount

1. Business Cash
   Name of Bank_____ Account #_____ $_____
2. Accounts and Notes Receivable $_____
3. Motor Vehicle Inventory (Attach list of vehicles with VIN numbers.)
   (current average wholesale value from standard publication) $_____
4. Machinery, Equipment, Parts, Furniture, Fixtures $_____
5. Business Real Estate (if you own property and it is paid for)
   Location_____ $_____
6. Other Business Bank Accounts (List address and account number.)
   A. _____ $_____
   B. _____ $_____
7. **TOTAL BUSINESS ASSETS** (Add lines 1 through 6.) $_____

B. BUSINESS LIABILITIES/DEBT For the proposed motor vehicle sales business, provide the following complete and current account of all liabilities/debts for which the business is obligated.

Amount

8. Notes and Accounts Payable $_____
9. Unsecured Bank Loans
   a. Bank_____ Account #_____ $_____
   b. Bank_____ Account #_____ $_____
10. Secured Bank Loans
    a. Bank_____ Account #_____ $_____
    b. Bank_____ Account #_____ $_____
11. Real Estate Mortgage(s)
    a. Bank_____ Account #_____ $_____
    b. Bank_____ Account #_____ $_____
12. Taxes Payable $_____
13. Other Business Debt
    a. Description_____ $_____
    b. Description_____ $_____
14. **TOTAL BUSINESS LIABILITIES/DEBT** (Add lines 8 through 13.) $_____
15. **NET** (Line 7 minus Line 14) $_____
16. Above personal and business real estate is in the name of:_____
17. Are you a co-maker, endorser, or guarantor on any loan or contract? Yes_____ No_____
    If "yes," for whom_____ to whom_____
18. Are there any unsatisfied judgments against you? Yes_____ No_____
    If "yes," to whom owed_____ Amount $_____
19. Other obligations (e.g., alimony, child support, separate maintenance) show on separate sheet.

Kentucky Motor Vehicle Commission

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C. PERSONAL ASSETS

PERSONAL CASH

		Amount
20. Checking Account(s) Name of Bank_____	Account #_____	$_____
21. Savings Account(s) Name of Bank_____	Account #_____	$_____
22. Certificates of Deposit Name of Bank_____	Account #_____	$_____

PERSONAL INVESTMENTS

23. Stocks/Bonds Name of Company_____	#of Shares_____	$_____
24. Real Estate Location_____		$_____
25. Other Personal Investments		
a. Description_____		$_____
b. Description_____		$_____
26. OTHER PERSONAL ASSETS		
a. Description_____		$_____
b. Description_____		$_____
27. **TOTAL PERSONAL ASSETS** (Add lines 20 through 26)		$_____

D. PERSONAL LIABILITIES/DEBTS

PERSONAL DEBT

28. Credit Cards (combine amount due on all credit cards)		$_____
29. Unsecured Bank Loans		
a. Bank_____	Account #_____	$_____
b. Bank_____	Account #_____	$_____
30. House Mortgage(s)		
a. Bank_____	Account #_____	$_____
b. Bank_____	Account #_____	$_____
31. Other Personal Debt		
a. Description_____		$_____
b. Description_____		$_____
32. **TOTAL PERSONAL LIABILITIES/DEBT** (Add lines 28 through 31)		$_____
33. **NET** (Line 27 minus line 32)		$_____

Everything I have stated in this financial statement is true and correct to the best of my knowledge. You are authorized to check my credit and employment history.

_____	_____	_____	_____
Signature	Date	Signature	Date

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

Attach a standard size color photograph (at least 3 "x 5") as indicated in the spaces below.

1. CLOSE-UP PICTURE OF LOT SIGN (RETAIL ONLY)

2. EXTERIOR & INTERIOR VIEW OF OFFICE

3. FRONT VIEW OF LOT

4. REAR VIEW OF LOT

5. RIGHT FRONT SIDE VIEW OF LOT (TAKEN FROM AT LEAST 100 FEET)

6. LEFT FRONT SIDE VIEW OF LOT (TAKEN FROM AT LEAST 100 FEET)

TC 98-1
07/2014

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

All applicants whether individuals, partnerships, or principal officers of a corporation, must complete the following personal data form and sign a waiver authorizing the Motor Vehicle Commission to run National Criminal Information Checks on their past record, if any. (Use separate data form for each person. Sheets may be reproduced, if necessary)

DATA FORM

A. Full Name: Last_____ First_____ Middle_____

B. Date of Birth _____ Place of Birth_____ S.S.#_____

C. Driver License# _____ State_____ Home Phone #_____
Cell Phone #_____

D. Title/Position with Dealership_____

E. Residential Address_____

F. Have you ever been convicted of any criminal offense (misdemeanor or felony) or are you under any order of any court in this state or any other state? Yes_____ No_____. If yes, explain charge, disposition, location of the court and date of conviction, and state.

_____

_____

G. Have you ever been granted a dealer license in Kentucky or any other state? Yes_____ No_____

If yes, under what name, what year, what county, and what state?_____

_____

H. Have you ever been denied a dealer license OR ever had a dealer license suspended or revoked in Kentucky or any other state? Yes_____ No_____

If yes, give reason for action: _____

_____

WAIVER RELEASE FORM

I, _____, hereby authorize all persons who may be contacted by the Motor Vehicle Commission to release any and all information that they may have concerning my employment, credit, or criminal records.

_____
(Signature of Applicant)

STATE OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

_____
(Notary Public)
My Commission Expires_____

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

For EACH PERSON (owner, partner, officer, etc.) filling out this data form, supply recent photograph and complete employment history on next page.

Photograph of each person named on Page 1, Item #4.

Photograph must be less than one (1) year old, clearly show identity of each person depicted, and be at least a 3" x 5" in size.

_____
Name of Person Shown

EMPLOYMENT HISTORY

List each place of employment, etc., for past five (5) years, beginning with the most recent.

	Place of Employment	Address	Dates Worked	Job Title or Description
1.				
2.				
3.				
4.				
5.				

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

Kentucky Motor Vehicle Commission

APPLICATION FOR A SALESPERSON LICENSE

This application must be completed in detail and typewritten or legibly printed. No application will be reviewed unless it is in compliance with the instructions set forth herein. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application. An incomplete application will be returned. The application must be returned to the Commission along with the license forms filled out in triplicate.

Applicant, as used in this application, means an individual who will work as a salesperson for a motor vehicle dealer licensed by the Commission.

1. The name of the applicant, including any_____

2. Name of the employing dealership. _____

3. Address of the dealership where the salesperson will work.

   Street _____ City _____County _____

   Zip Code _____ Business Telephone Number(s) _____Fax_____

All applicants must complete the following personal data form and authorize the Motor Vehicle Commission to run National Criminal Information Checks on their past record, if any. **The employing dealership shall pay any fee for a Criminal background check upon the Commission's request.**

DATA FORM

A. Full Name: _____
Last First Middle

B. Date of Birth: _____ Place of Birth: _____ S.S.#: _____

C. Driver License#: _____ State: ____ Home Phone #: _____ Cell Phone #: _____

D. Residential Address: _____

E. Have you ever been convicted of any criminal offense (misdemeanor or felony) or are you under any order of any court in this state or any other state? Yes ___ No ___. If yes, explain charge, disposition, location of the court and date of conviction, and state.

_____

_____

F. Have you ever been granted a dealer license or salesperson license in Kentucky or any other state? Yes ___ No ___ If yes, under what name, what year, what county, and what state?

_____

G. Have you ever been denied a dealer or salesperson license OR ever had a dealer or salesperson license suspended or revoked in Kentucky or any other state? Yes ___ No ____ If yes, give reason for action: _____

Kentucky Motor Vehicle Commission
APPLICATION FOR A SALESPERSON LICENSE

RELEASE FORM

_____ hereby authorizes all persons who may be contacted by the Motor Vehicle Commission to release any and all information that they may have concerning my employment, credit, or criminal records.

_____
(Signature of Applicant)

STATE OF KENTUCKY)
COUNTY OF _____)

Subscribed and sworn to before me this ____ day of _____, 20___.

(SEAL)

_____
(Notary Public)

My Commission Expires :_____

Photograph of each person named on Page 1, Item #1.
Photograph must be less than one (1) year old, clearly show identity of each person depicted, and be at least a 3" x 5" in size

_____
Name of Person Shown

EMPLOYMENT HISTORY

Kentucky Motor Vehicle Commission

APPLICATION FOR A SALESPERSON LICENSE

List each place of employment with a motor vehicle dealership for past five (5) years, beginning with the most recent. If you have never been employed by a motor vehicle dealership, state "No previous motor vehicle sales experience."

Place of Employment	Address	Dates Worked	Job Title or Description
1.			
2.			
3.			
4.			
5.			

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

VERIFICATION

COMMONWEALTH OF KENTUCKY
COUNTY OF _____, TO WIT:

The undersigned states that he/she is the applicant, that he/she has read the statements contained in this application, and that the same are true and correct. He/she further agrees to notify the Commission immediately of any change to the answers or statements in this application. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation, or denial of the license for which this application is submitted, and/or criminal charges pursuant to KRS 523.100.

_____
(Signature of Applicant)

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

_____
(Notary Public)

My Commission Expires: _____

Employing Dealership by _____ its _____
Name Position

Date:_____

PURSUANT TO KRS 190.063, ALL RECORDS OF THE COMMISSION ARE AVAILABLE FOR PUBLIC INSPECTION.

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

DRAWING OF THE PREMISES

In the space provided below, make a detailed drawing of the lot showing the sales office, vehicle display/storage area, and dealership sign in relation to the nearest roadway.

(Give Dimensions)

COMMONWEALTH OF KENTUCKY
COUNTY OF _____, TO WIT:

The undersigned states that he/she is the applicant or the authorized signatory of the applicant, that he/she has an established place of business as that term is defined in KRS 190.035; that he/she has read the statements contained in this application, and that the same are true and correct. He/she further agrees to notify the Commission immediately of any change in the status now or in the future of the business or of any other information which would change the answers or statements in this application. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation, or denial of the license for which this application is submitted, and/or criminal charges pursuant to KRS 523.100.

_____
(Signature of Applicant)

STATE OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:_____

(SEAL)

_____
(Notary Public)

PURSUANT TO KRS 190.063, ALL RECORDS OF THE COMMISSION ARE AVAILABLE FOR PUBLIC INSPECTION.

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

Certificate to Do Business under Assumed Name by Individual
-KRS 365.015-

This form is to be used only by an individual doing business under an assumed name.

FILE WITH COUNTY CLERK, OR IF A PARTNERSHIP OR CORPORATION, USE FORM ON PAGE 7A AND FILE WITH SECRETARY OF STATE AND COUNTY CLERK.

TO WHOM IT MAY CONCERN:

This certifies that the business to be known as _____
Name

_____ located in _____ County,
Address

Commonwealth of Kentucky, is owned and operated by _____
Name

_____
Address

_____
Signature

_____
Title

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF _____)

I, _____, Notary Public in and for the State and County indicated above, do certify that the foregoing instrument of writing was this date presented to me by _____, who delivered, signed, and acknowledged to be his/her act and deed.

Witness my hand and seal this _____ day of _____, 20_____.

My Commission Expires:_____

_____ _____
COUNTY CLERK NOTARY PUBLIC

_____
Date of Filing

Kentucky Motor Vehicle Commission
APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

TC 98-1
07/2014

COMMONWEALTH OF KENTUCKY
Alison Lundergan Grimes, SECRETARY OF STATE

Division of Corporations
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

_____

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

_____
(Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is **(you must check one):**

_____a Domestic General Partnership

_____a Domestic Limited Liability Partnership

_____a Domestic Limited Partnership

_____a Domestic Business Trust

_____a Domestic Corporation

_____a Domestic Limited Liability Company

_____a Foreign General Partnership

_____a Foreign Limited Liability Partnership

_____a Foreign Limited Partnership

_____a Foreign Business Trust

_____a Foreign Corporation

_____a Foreign Limited Liability Company

4. The business is organized and existing in the state or country of _____.
5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
(Delayed effective date and/or time)
6. The mailing address is:

_____
Street Address or Post Office Box Numbers **City** **State** **Zip**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

_____
Authorized Party Signature **Printed Name** **Title** **Date**

(09/09)

Kentucky Motor Vehicle Commission
APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

FILING INSTRUCTIONS
CERTIFICATE OF ASSUMED NAME

ASSUMED NAME
The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an *individual (sole proprietorship)* to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 355. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

REAL NAME
The "real name" is defined as follows:

- The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362;
- The real name of a Domestic Limited Partnership is the name stated in its Certificate of Limited Partnership filed pursuant to KRS 362;
- The real name of a Domestic Business Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name stated in its statement of foreign qualification filed pursuant to KRS 362.1;
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060; or
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.

EFFECTIVE DATE AND TIME/DELAYED EFFECTIVE DATE AND TIME
The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN
The document must be signed by:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- a general partner of a Domestic or Foreign Limited Partnership;
- the trustees of a Domestic or Foreign Business Trust;
- any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic of Foreign Limited Liability Company.

DOCUMENT DELIVERY
All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

NUMBER OF COPIES
When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE
The filing fee for this document is $20.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS
Alison Lundergan Grimes
Office of the Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION
Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION
If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

(09/09)

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

LEASE

I/WE_____
Type Name & Mailing Address of Property Owner(s)

AGREE TO LEASE TO_____
Type Applicant's Name and Mailing Address

THE FOLLOWING PROPERTY LOCATED AT_____
Type Address of Established Place of

_____ FOR A PERIOD OF ONE YEAR, BEGINNING ON
Business to be Used as Car Lot

_____. THE CONSIDERATION TO BE PAID IS $_____ PER MONTH.
Type Date Lease Begins

MADE AND ENTERED INTO THIS _____ DAY OF _____, 20_____, BY AND

BETWEEN_____, LESSOR/PROPERTY OWNER,

AND _____, LESSEE/TENANT.

_____
Lessor/Property Owner Signature

_____
Lessee/Tenant Signature

Sate of Kentucky

County of _____

Subscribed and sworn to before me by _____ and _____,

This _____ day of _____, 20_____.

My Commission Expires: _____

_____
Notary Public

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

This is to certify that the _____ County/City Zoning
Name of County/City

Authority has authorized the following address:

_____
Street Address of Dealership

as legally fit as a Motor Vehicle Dealer location, at which the business of a vehicle dealer, including the DISPLAY AND REPAIR OF VEHICLES, may be lawfully carried out in accordance with the terms of all applicable building codes, zoning, and other land use regulatory ordinances.

_____
Signature of Chief Zoning Official
or County Judge Executive

Date: _____

Kentucky Motor Vehicle Commission

APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

RESTRICTED/AUTOMOTIVE RECYCLING DEALER APPLICANTS ONLY

You must supply the information requested below. In addition, please have the appropriate zoning official sign Item 3 below to certify that the proposed business complies with all local zoning laws.

1. If you are operating an automobile, vehicle, machinery or material recycling yard, you must either have a permit from the Kentucky Transportation Cabinet/ Kentucky Department of Highways (502-564-4556) to operate that business or you may be exempt from the requirement to have a permit to operate that kind of business for one of the following reasons (please select one if applicable):

   _____ The place of business is over one thousand (1,000) feet from the right-of-way line of any road, OR

   _____ The place of business is located in an industrially zoned area and is a conforming land use under applicable ordinances; OR

   _____ The applicant has less than ten (10) junked, wrecked, or non-operative vehicles parked, placed or otherwise located at the place of business at any one time.

2. If you have a Highway Department permit as described above, please provide a copy of that permit when you return this application.

3. Zoning Certification for Restricted/Automotive Recycling Dealer
   If Page 1 of this application shows that a Restricted/Automotive Recycling Dealer License is sought, the following certification must be made by the appropriate zoning official (or other official) if the locality has no zoning.

This is to certify that the _____ County/City Zoning Authority has authorized the following address:

_____
(Street Address of Dealership)

as suitably and legally fit as a location which the applicant may engage in the business of dismantling, salvaging, or recycling salvage vehicles for the purpose of harvesting used parts, components, assemblies, and recyclable materials for resale, reuse, or reclamation, in accordance with the terms of all applicable building codes, zoning, and other land use regulatory ordinances.

_____
Signature of Appropriate Official

_____
Title

_____
Date

Dealer/Applicant Name _____