Kentucky Motor Vehicle Commission
105 Sea Hero Road, Suite 1
Frankfort, KY 40601

Phone: 502-573-1000 **Fax: 502-573-1003**

3/10/2016

Application for Motor Vehicle Dealer Change of Location

(This application is for the purpose of changing locations ONLY)

This application must be completed in detail. No application will be reviewed unless the instructions herein are complied with. 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 in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; and any person with an ownership interest in the proposed business.

Check Each License Type Required

1.

New Vehicle Dealer	( )	Recreational Camper Dealer	( )	Auction Dealer	( )
Used Vehicle Dealer	( )	Restricted Dealer/Mobility Dealer	( )	Supplemental Lot	( )
Wholesale Dealer	( )	Restricted/Recycling Automotive Dealer	( )	Storage Lot ONLY	( )
Leasing Dealer	( )	Motorcycle Dealer	( )		

2. Revenue Cabinet Sales Tax Permit #: _____

3. Business Name of Motor Vehicle Dealer: _____

4. Name of owner or partners (all). Owners, partners or corporate officers & indicate percent of business owned:

   _____ _____% _____ _____%

   _____ _____% _____ _____%

5. Previous address of established place of business, as defined in KRS Chapter 190 (The actual physical address of the business).

   Street: _____ City: _____, KY Zip: _____ County: _____

6. New address of established place of business, as defined in KRS Chapter 190 (The actual physical address of the business). For mailing purposes, you may add a post office box number in the same City of business.

   Street: _____ City: _____, KY Zip: _____ County: _____

   Business Phone: _____ Fax: _____ E-Mail Address: _____

7. Has the above described address been previously utilized as a Motor Vehicle Dealership? If yes, Name of Dealership and when:

   _____

8. Do you own the property occupied by the proposed Motor Vehicle Dealer? Yes____ No ____
   If the property is not owned by the dealer, a copy of the notarized lease (for a minimum of 1 year) must be attached to this application. The lease must reveal the name and address of the Lessee and Lessor.

9. Dimensions of lot used exclusively in the business: _____ Surface material of display/customer lot:

   _____ Size of business office: _____.

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

    _____

    (Physical separation from other business is required)

To complete this application, you must also include Page 3 (pictures of the new location), Page 6 (drawing of the premises) and Page 9 (zoning authorization) and a Certificate of Liability Insurance with the KY Motor Vehicle Commission listed as the certificate holder.

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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.

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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

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07/2014

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)

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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.

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07/2014

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: _____