

**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 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 four hundred dollars (\$400.00).

- 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 or 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 or she carries on both activities at the same location. If he or 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 6), (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 6A.

**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.” Business hours must be posted on the door and a licensed salesperson there during those hours. You can not be "By Appointment Only"

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

**Pages 2 and 2A**—*Financial Statement.* Please provide a bank statement with name of bank, account number and funds contained therein. 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 or denial. Listing liabilities is as important as listing assets. If there are no liabilities, supply a separate statement to that effect. In addition to the financial statement, the applicant may be required to post a bond, minimum cash requirement is \$100,000.00. You can not list inventory as an asset unless it is in the business name on application or your personal name.

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

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

**Page 9**—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 processing fee and the criminal history fee are required and non-refundable.

The salesperson license(s) will be provided to you by the Motor Vehicle Commission upon receipt of your application. Each different type of 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 installation of a physical barrier that does not allow flow-through traffic between the different businesses. You also can not share an address with any other business.

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

**Mail the completed application to the Motor Vehicle Commission office at the address listed below with a processing fee of one hundred seventy-five dollars (\$175.00); in addition, enclose a fee of twenty-five dollars (\$25.00) for each owner, partner, or corporate officer listed on Page 1 of the application to conduct a criminal background check. Make check 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  
200 Mero Street, 3<sup>rd</sup> Floor West  
Frankfort, Kentucky 40622  
(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 allotted 10 **working days** do not include weekends, holidays, or the day of the meeting.) 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. **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.
9. **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.
10. **Motorcycle Dealer**—A motor vehicle dealer who exclusively sells, offers to sell, solicits, or advertises motorcycles.
11. **Recreational Camper Dealer** - Any who engages in the business of selling, offering for sale, or otherwise dealing in "recreational vehicles" which includes travel trailers, fifth wheel trailers, pop-up campers and on-road-drivable R.V.'s.
12. **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. This address can not be shared with any other business and must have a mail receptacle. You must have a phone number with voicemail set up in the business name. Hours of operation must be posted, you can not be by appointment only'



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This application must be completed in detail and 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.

- Checkboxes for New Application, Change of Ownership, Name Change, Change of Location

Check Each License Required

- 1. New Motor Vehicle Dealer ( ) \$200, Wholesale Motor Vehicle Dealer ( ) \$200, Used Motor Vehicle Dealer ( ) \$200, Motor Vehicle Auction Dealer ( ) \$200, Motor Vehicle Leasing Dealer ( ) \$200, Motorcycle Dealer ( ) \$200, Supplemental Lot ( ) \$200, Restricted Dealer/Mobility Dealer ( ) \$200, Recreational Camper Dealer ( ) \$200, Restricted/Automotive Recycling Dealer ( ) \$200

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 6).
(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 6A).
(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 \_\_\_\_\_ Fax \_\_\_\_\_
Business Email: \_\_\_\_\_



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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.)

11. If someone other than the applicant/owner is preparing this application, it needs to be acknowledged in writing below the name, phone number, and email address of the preparer, and acknowledged by both the applicant/owner and the preparer with their signatures below.

Preparer Name Printed Phone Number Email

Signature of Preparer Date Signature of Applicant Date

12. The Kentucky Motor Vehicle Commission will only communicate with applicants/owners regarding this application. If the applicant/owner would like the Commission to speak with one of its representatives, the applicant/owner must provide a signature authorizing the MVC staff to communicate with said person(s), and provide the MVC with a name, phone number, and email address of the Representative for said communication.

I, applicant/owner do hereby authorize the commission to communicate with, representative regarding this application including confidential information herein.



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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. Applicants must demonstrate a minimum of \$100,000 of liquid assets and/or \$50,000 unencumbered cash in the business as well as \$50,000 unencumbered motor vehicle inventory as acceptable. Please attach a bank statement to verify funds available, Bank name and account number.

BUSINESS ASSETS For the proposed motor vehicle sales business, provide the following complete and current account of all assets

now available for its operation.

Table with 3 columns: Item description, Account #, and Amount. Rows include Business Cash, Accounts and Notes Receivable, Motor Vehicle Inventory, Machinery, Equipment, Parts, Furniture, Fixtures, Business Real Estate, and Other Business Bank Accounts.

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. If there are no liabilities, please provide a statement attesting to that fact.

Table with 3 columns: Item description, Account #, and Amount. Rows include Notes and Accounts Payable, Unsecured Bank Loans, Secured Bank Loans, Real Estate Mortgage(s), Taxes Payable, Other Business Debt, and TOTAL BUSINESS LIABILITIES/DEBT.

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.

20. Are any of the funds listed on this application borrowed or otherwise secured to another party? Yes No



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C. PERSONAL ASSETS

PERSONAL CASH

Amount

21. Checking Account(s)
Name of Bank Account # \$

22. Savings Account(s)
Name of Bank Account # \$

23. Certificates of Deposit
Name of Bank Account # \$

PERSONAL INVESTMENTS

24. Stocks/Bonds
Name of Company #of Shares \$

25. Real Estate
Location \$

26. Other Personal Investments
a. Description \$
b. Description \$

27. OTHER PERSONAL ASSETS
a. Description \$
b. Description \$

28. TOTAL PERSONAL ASSETS (Add lines 21 through 27) \$

D. PERSONAL LIABILITIES/DEBTS

PERSONAL DEBT

29. Credit Cards (combine amount due on all credit cards) \$

30. Unsecured Bank Loans
a. Bank Account # \$
b. Bank Account # \$

31. House Mortgage(s)
a. Bank Account # \$
b. Bank Account # \$

32. Other Personal Debt
a. Description \$
b. Description \$

33. TOTAL PERSONAL LIABILITIES/DEBT (Add lines 29 through 32) \$

34. NET (Line 28 minus line 33) \$

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

*Attach a standard size color photograph 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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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 a background check with the Administrative Office of the Courts on their past record, if any. (Use separate data form for each person. Sheets may be reproduced, if necessary)

DATAFORM

- 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 charged or convicted of any criminal offense...
G. Have you ever been granted a dealer license in Kentucky...
H. Have you ever been denied a dealer license in this state or any state OR ever had a dealer license suspended or revoked...

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)

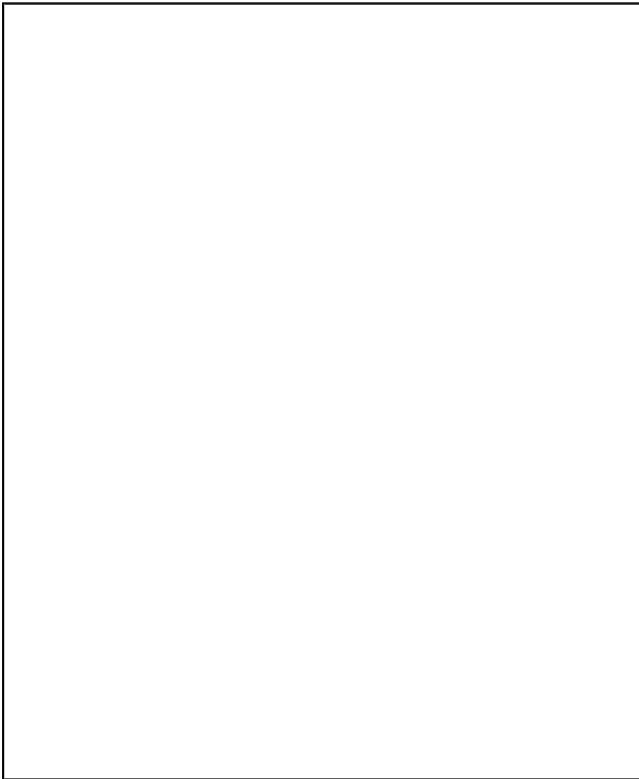
(Commission Number)

My Commission Expires

**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.

If no work history for last 5 years, please attach an explanation as to why.

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

**IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.**



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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 or she is the applicant or the authorized signatory of the applicant, that he or she has an established place of business as that term is defined in KRS 190.035; that he or she has read the statements contained in this application, and that the same are true and correct. He or 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 KRS523.100.

(Signature of Applicant)

STATE OF KENTUCKY
COUNTY OF \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

(SEAL)

(Notary Public)

(Commission Number)

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



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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

\_\_\_\_\_
COMMISSION NUMBER



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
Business Filings
P.O. 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 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- 1. The assumed name is:
2. The real 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 real name on record with the Secretary of State.)

3. The entity type is (you must check one):

- Domestic General Partnership, Foreign General Partnership, Domestic Limited Liability Partnership, Foreign Limited Liability Partnership, Domestic Limited Partnership, Foreign Limited Partnership, Domestic Business Trust, Foreign Business Trust, Domestic Corporation, Foreign Corporation, Domestic Limited Liability Company, Foreign Limited Liability Company, Domestic Statutory Trust, Foreign Statutory Trust, Domestic Limited Cooperative Association, Foreign Limited Cooperative Association, Domestic Unincorporated Non-profit Association, Foreign Unincorporated Non-profit Association

- 4. The entity is organized and existing in the state or country of
5. 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

**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 or Statutory 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 Domestic Limited cooperative association is the name set forth in its articles of association;
- The real name of a Domestic Unincorporated nonprofit association that has filed a certificate of association is the name set forth in the certificate of association and, if no certificate of association has been filed, the name under which the unincorporated nonprofit association generally acts.
- 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;
- 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.
- The real name of a Foreign Limited cooperative association is the name set forth in its articles of association or the fictitious name adopted for use in this Commonwealth under KRS 14A.3-010 to 14A.3-050 or predecessor law;
- The real name of a foreign Unincorporated nonprofit association is the name recognized by the laws of the jurisdiction under which it is organized as being the real name.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the mailing office address. If the applicant wishes for the document to be sent to an alternate address other than the mailing office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time 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 or 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 mailing 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**

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](http://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**

Michael Adams  
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](http://www.sos.ky.gov) or call 502-564-3490.



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No sub-leases allowed must lease from the property owner

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

\_\_\_\_\_  
Commission Number



Kentucky Motor Vehicle Commission  
**APPLICATION FOR MOTOR VEHICLE DEALER LICENSE**

TC 98-1  
3/2025

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 SALE 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

TC 98-1
3/2025

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 \_\_\_\_\_