



Kentucky Motor Vehicle Commission
APPLICATION FOR MOTOR VEHICLE DEALER LICENSE

TC 98-1
8/2024

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(s) _____ Fax _____
Business Email: _____



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8/2024

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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8/2024

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 (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 in this state or any state OR ever had a dealer license suspended or revoked, or fined in this state or and state? Yes No if YES, explain the action, location, and disposition.

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)

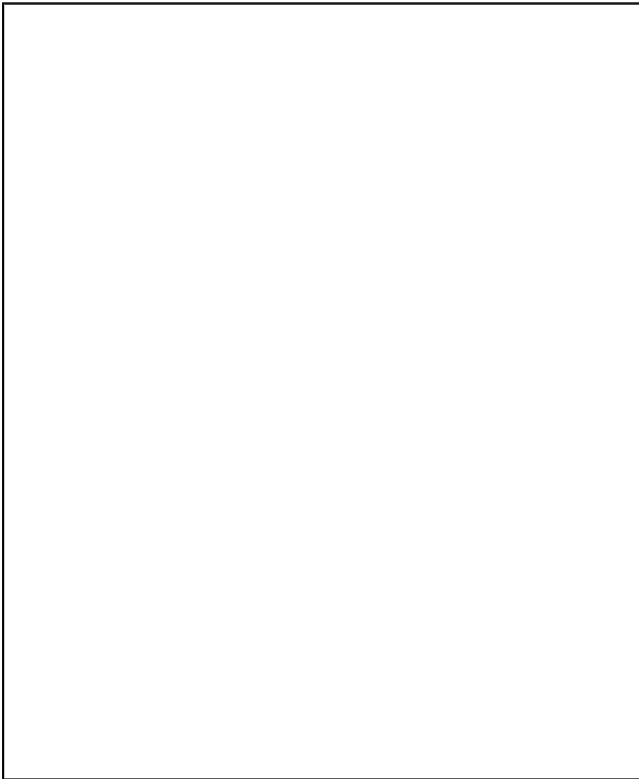
(Commission Number)

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.

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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TC 98-1
8/2024

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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TC 98-1
8/2024

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):

- a Domestic General Partnership
a Foreign General Partnership
a Domestic Limited Liability Partnership
a Foreign Limited Liability Partnership
a Domestic Limited Partnership
a Foreign Limited Partnership
a Domestic Business Trust
a Foreign Business Trust
a Domestic Corporation
a Foreign Corporation
a Domestic Limited Liability Company
a Foreign Limited Liability Company
a Domestic Statutory Trust
a Foreign Statutory Trust
a Domestic Limited Cooperative Association
a Foreign Limited Cooperative Association
a Domestic Unincorporated Non-profit Association
a 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 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 or call 502-564-3490.



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8/2024

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



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TC 98-1
8/2024

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: _____



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TC 98-1
8/2024

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 _____