

**APPLICATION FOR NEW DEALER LICENSE OR CHANGES TO EXISTING LICENSE**

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

New License number \_\_\_\_\_ Current/Original License Number \_\_\_\_\_ Additional Location ( \_\_Yes \_\_No)

\_\_\_\_\_ Name Change \_\_\_\_\_ Corporate Officer Change/Addition \_\_\_\_\_ For Record Only Change

The undersigned hereby applies for a license to engage in the business of buying, selling, engaging or dealing in motor vehicles or offering or displaying motor vehicles for sale as provided by Article 12, Chapter 20 of the North Carolina General Statutes and gives the following information.

1. Check which type of license being applied for: \_\_\_ Dealer License (\$115.50) \_\_\_ Wholesale Dealer License (\$115.50)  
\_\_\_ Factory Branch License (\$167.25) \_\_\_ Distributor License (\$115.50) \_\_\_ Manufacturer Dealer License (\$250.50)  
\_\_\_ Predetermination Hearing Fee (\$45.00)

Ownership Type: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Limited Partnership \_\_\_ Corporation \_\_\_ LLC

2a. Complete Firm Name: \_\_\_\_\_

2b. DBA name(s). If operating with a different name. You must provide an assumed name filing.  
\_\_\_\_\_

3. Physical address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Business Contact #: \_\_\_\_\_

Please note: A Post Office Box must be in the same city as the Dealership.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you previously been issued a license as a manufacturer, factory branch, factory representative, distributor, distributor branch, or distributor representative? No \_\_\_ Yes \_\_\_ If yes, please explain below.

If you hold a franchise or manufacturing, assemble or distribute motor vehicles, please provide the requested information below. It is your responsibility to verify that the manufacturer you hold an agreement with is eligible to do business in North Carolina. You must attach a copy of your franchise agreement.

MANUFACTURER/DISTRIBUTOR/WHOLESALER	ADDRESS	NC LICENSE NO.
_____	_____	_____
_____	_____	_____

4. Corporations/LLC : Name (if other than firm name) \_\_\_\_\_

Date Incorporated/Filed \_\_\_\_\_ State \_\_\_\_\_

If not incorporated under Laws of North Carolina, are you in compliance with N.C.G.S. § 55-15.01? \_\_\_ Yes \_\_\_ No

A North Carolina Certificate of Authority must be filed for an out of State Corporation. Date Filed: \_\_\_\_\_

5. Print/type age, name, address and title of owner, partners, members (LLC) or officers (Corporation) below:

AGE	NAME	ADDRESS	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. If partnership, date of partnership \_\_\_\_\_

7. If a corporation, (list your title) \_\_\_\_\_ are you authorized to bind the corporation by your signature? YES or NO \*Initial: \_\_\_\_\_

8. List additional locations within North Carolina owned by you at which motor vehicles are sold

\_\_\_\_\_

\_\_\_\_\_

9. **Qualifying Sales Representative: A person who works at least 25 hours per week on a regular basis and is compensated by the dealer for his work.**

How many qualifying sales representatives do you have employed \_\_\_\_\_

10. If a business is to be operated under any designation, name or style, other than the real name of the owner, or owners or under its corporate name, an "assumed" name must be filed with the Register of Deeds in the County in which the business is to be operated and proof of that filing must accompany this application. Is it attached? \_\_\_\_\_

11. Applicant's home address during the past 5 years:

\_\_\_\_\_

\_\_\_\_\_

12. State your previous businesses or occupations and addresses during the last 5 years. List forms or organizations and positions held, with dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. **Retail**-An "established salesroom" as defined by Statute means an office containing at least 96 square feet in a permanent enclosed building, with a sign in block letters not less than three (3) inches high designating the trade name of the business and at which a permanent business of trading, bartering and selling motor vehicles will be carried on in good faith. Does your office meet the requirements of an "established salesroom?" \_\_\_\_\_

**Wholesaler**- An "established office" as defined by Statute means an office containing at least 96 square feet in a permanent enclosed building and is a place where the books, records and files required by the Division under this Article are kept. Does your office meet the requirements of an "established office?" \_\_\_\_\_

Will applicant in good faith carry on said business and keep and maintain the books, records and files which will be available at all reasonable hours to inspection by the Commissioner of the Motor Vehicles or any of his Inspectors or duly appointed agents? \_\_\_\_\_ Please print full name of responsible individual: \_\_\_\_\_.

14. If application is for a "used motor vehicle dealer license", has the applicant completed a 12-hour licensing course approved by the Division as required by N.C.G.S. § 20-288(A1) within the last twelve (12) months? \_\_\_\_\_ **If yes, attach the certificate.**

15. Will applicant keep a book of record of the purchase, sale or exchange, or receipt for the purpose of sale, of any motor vehicle, a description of such motor vehicle, together with the name and address of the seller, the purchaser and the alleged owner or other person from whom such motor vehicle was purchased or received or to whom it was sold or delivered, as the case may be? \_\_\_\_\_. Such description shall include the identification number, and such other numbers or identification marks as may be thereon and shall also include a statement that a number has been obliterated, defaced or changed, if such is the fact and shall be maintained for five (5) years.

16. Before a dealer's license can be issued, the location and type of business must be in compliance with all zoning ordinances or regulations. Have you determined from the proper authorities that your dealership and its location is in compliance with zoning ordinances or regulations? \_\_\_\_\_ **If yes, attach the approval letter.**

17. AS THE APPLICANT, I HEREBY CERTIFY THAT EACH PERSON LISTED IN ABOVE PARAGRAPH 5:

(1) Have been convicted of an offense set forth under N.C.G.S. § 14-71.2, 20-106.1, 20-14.160.4 or 20-112 within 5 years next preceding the date of filing the application. **Yes** or **No** (*circle one*) \*Initial: \_\_\_\_\_

(2) Have been convicted of a crime: (a) possibly related to the duties and responsibilities for holding a sales representative license; or (b) violent or sexual in nature. **Yes** or **No** (*circle one*) \*Initial: \_\_\_\_\_

(3) Have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked. **Yes** or **No** (*circle one*) \*Initial: \_\_\_\_\_

(4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle salesmen or representatives and will cooperate with the Division in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of our/my knowledge and belief. **Yes** or **No** (*circle one*) \*Initial: \_\_\_\_\_

**In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:**

- (1) The level and seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the crime.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (6b) A Certificate of Relief granted pursuant to G.S. 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) Any affidavits or other written documents, including character references.

**If you answered “YES” to questions (1), (2) or (3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (1) through (8) that the Division shall consider.**

**Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20- 294 may authorize the denial of the application.**

**If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.**

18. Have you or any member/officer of this partnership, corporation or LLC, completed or is currently enrolled in a rehabilitated drug or alcohol treatment program? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide proof.

19. Have you or any member/officer of this partnership, corporation or LLC, ever been refused, or had a dealer’s license certificate revoked or suspended? \_\_\_\_\_ If yes, attach a statement giving facts and/or Official Hearing Decision order granting you a license.

20. List below the designee or individual who is responsible for the day-to-day operation of the dealership. The individual designated must be of good character and have a reputation for honesty. The named individual is responsible for the acts of all sales representatives employed by you while acting as your agent.

Full Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

21. N.C.G.S. § 20-290 requires a motor vehicle dealer to specify the location of each place of business occupied or to be occupied. After having been issued a license and you plan to relocate or terminate your business, will you notify your local Motor Vehicle Inspector of the Division prior to relocating or terminating such business?  
 \_\_\_\_\_

22. Will applicant have in their possession a duly assigned certificate of title from the owner of each motor vehicle in accordance with the provisions of Chapter 20 of North Carolina General Statutes from the time when the motor vehicle is delivered to him until it has been disposed of by him? \_\_\_\_\_

23. Will applicant see to it that all motor vehicles in his possession are operated with proper license plates attached?  
 \_\_\_\_\_

24. Will applicant comply with the laws and regulations governing the use of dealer license plates and dealer transporter plates? \_\_\_\_\_

25. Is applicant familiar with provisions of applicable laws and DMV regulations? \_\_\_\_\_

26. Prior to the issuance or renewal of a motor vehicle dealer, manufacturer, distributor, distributor branch, factory branch or wholesaler, the applicant must have on file with the Commissioner of Motor Vehicles a surety or cash bond in the amount of \$50,000 or the equivalent thereof. Is the original signed bond attached? \_\_\_\_\_

27. If application is for an additional location, applicant must have on file with the Commissioner of Motor Vehicles a surety or cash bond in the amount of \$25,000 for the fixed equivalent thereof. Is the original signed bond attached?  
 \_\_\_\_\_

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

28. Is the owner, partners, or any members of the corporation, listed on this application, active-duty military, a military veteran, or a military spouse? Yes or No (circle one):

If yes, complete the below information:

Name	Active-Duty Military	Military Veteran	Military Spouse
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)

**CERTIFICATION**

I certify as proprietor, partner, or corporate officer of this firm, I have authority to sign and submit this application and the statements contained therein are true and correct. I further certify on behalf of said firm, including myself, that every owner, partner or corporate officer is familiar with the North Carolina Motor Vehicle Dealers and Manufacturers Licensing Law and with other North Carolina laws governing the conduct and operation of the business for which license is sought; and will comply with the provisions of these laws and with all lawful regulations of the North Carolina Division of Motor Vehicles; and further, will cooperate with the Division of Motor Vehicles in eliminating fraudulent sales, the employment of fraudulent sales, the employment of fraudulent devices, methods or practices, unfair competition, deceptive or misleading advertising and particularly the advertisement for sale of used motor vehicle as new motor vehicles.

Complete Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_

**ACKNOWLEDGEMENT**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:  
\_\_\_\_\_ (name(s) of principal(s) ).

Notary Signature \_\_\_\_\_ (SEAL)  
Notary Printed or Typed Name \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**FEES AND INSURANCE CERTIFICATION**

**This is to certify that I have garage liability insurance with \_\_\_\_\_ policy number \_\_\_\_\_ as required by the North Carolina Financial Responsibility Act of 1957, and certify that there has not been a license plate revocation. A copy of your garage liability certificate must be attached.**

Dealer License Certificate- \$ \_\_\_\_\_  
Quantity of first 5 plates \_\_\_\_\_ x Plate fee of \$46.25 + RTA Fee (if applicable, see below) \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Quantity of additional dealer plates \_\_\_\_\_ x Plate fee of \$23.25 + RTA Fee (if applicable) \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Quantity of dealer transporter plates \_\_\_\_\_ x Plate fee of \$23.25 + RTA Fee (if applicable) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Regional Transit Authority Tax (RTA) fees –In counties where a special tax has been authorized, an additional fee for each plate will be due as indicated:**

**Wake County \$15.00 per plate    Randolph County \$1.00 per plate    Orange/Durham County \$15.00 per plate.**

Number of Sales Representative applications (LT-426) attached \_\_\_\_\_ x \$25.50 per individual = \$ \_\_\_\_\_

Number of Temporary Marker sets requested \_\_\_\_\_ at \$25.00 per set of 25 = \$ \_\_\_\_\_

**TOTAL FEES PAID: \$ \_\_\_\_\_**