

ADDING A FRANCHISE

ITEMS NEEDED:

- A completed application for Vehicle Dealer's License adding the new franchise.
- Franchise approval letter(s) from the licensed manufacture giving you permission to sell their vehicle. This letter must have the dealership's full name and address.
- Criminal Record Request Forms must be completed for all officers on the application if the latest one on file is more than five years old.
- The present Dealer's Wall License must be submitted with packet.
- The applicable fee for a corrected Dealer's Wall License.



Application for Vehicle Dealer's License

Business Licensing & Consumer Services
(410)787-2950

Type of Dealership

- Used Car
- New Car
- Motorcycle
- Trailer over 15 feet
- Boat Trailer/Trailer < 15 ft
- Emergency Vehicle

Type of Application

- Renewal Application
- Original Application
- Additional Location
- Change of Address
- Change of Ownership

- Change of Officers
- Change of Name

Type of Ownership

- Corporation
- Partnership

- Close Corporation
- LLC
- Individual Owner

Dealer's Lic. #

Expiration Date

Company Name (include trade name) _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Business Phone _____ Business Hours _____

Employer ID Number (FEIN) _____ Current Trader's License Number _____

Email Address _____

List all owners, partners or officers of the corporation below. Indicate which receives the Gratis Salesman License.

Note: One Gratis Salesman's License is issued per dealer license fee paid.

Name of Owner, Partner or Officer			Soc. Sec. No.		Position		Home Phone No.	
Street Address (Home)			City		State		Zip Code	
Height	Weight	Sex	Date of Birth	Driver's License Number		State		
Name of Owner, Partner or Officer			Soc. Sec. No.		Position		Home Phone No.	
Street Address (Home)			City		State		Zip Code	
Height	Weight	Sex	Date of Birth	Driver's License Number		State		
Name of Owner, Partner or Officer			Soc. Sec. No.		Position		Home Phone No.	
Street Address (Home)			City		State		Zip Code	
Height	Weight	Sex	Date of Birth	Driver's License Number		State		

Other than those listed above, list all that have direct or indirect financial interest in this dealership. Please attach additional statements if more space is required.

First, Middle, and Last Name			Soc. Sec. No.					
Street Address (Home)			City		State		Zip Code	
First, Middle, and Last Name			Soc. Sec. No.					
Street Address (Home)			City		State		Zip Code	

List all places for storage

List makes of vehicles for which your dealership holds a franchise.

yes no

1. Do you operate a repair facility at this location? If no, please attach a completed Service Shop Contract (FormCS-125).
2. Have you ever been licensed as a vehicle dealer or salesman, or a title service agent or representative in Maryland or any other state?
If yes, Person licensed _____
Name of Business _____ Type of License _____
License number _____ State _____ Expiration _____
Submit additional information on separate sheet.
3. Are any administrative actions, including suspension, revocation, refusal or fines pending against any license you have ever held? NOTE: This does not include your personal driver's license.
If yes, Business _____ Licensee _____
Type of license _____ License number _____
State _____ Expiration _____ Date of action _____
Explanation (submit additional sheets if needed) _____
4. Has any business license you have held in Maryland or any other state been suspended, revoked, or refused? NOTE: This does not include your personal driver's license.
If yes, Business _____ Licensee _____
Type of license _____ License number _____
State _____ Expiration _____ Date of action _____
Explanation (submit additional sheets if needed) _____
5. Have any of the owners, management personnel, or any other person who shall have a financial interest, either direct or indirect in the business, ever been convicted of a crime other than a traffic violation? If yes, give details in a separate statement as to date(s).
6. Do any of the persons listed on this application have a financial interest, either direct or indirect, with any other new car, used car, motorcycle, trailer, or wholesale dealer in this state? If yes, please give details in a separate statement.
7. Are you affiliated with any vehicle buying service or similar business? If yes, please give details in a separate statement.
8. Are you currently employed with a Maryland State Government Agency? If yes, what Agency?
9. Was a dealership at this location previously? If yes, please give name
10. **Do you provide Worker's Compensation?** If yes, complete CS-035, Insurance Information Sheet. If no, attach copy of your exemption certificate.
11. Do you provide mechanical repair contracts or extended warranties? If yes, as required by law, I have secured a reimbursement insurance policy as follows.
Insurance Company _____ **Policy/Binder #** _____ **Agent** _____
12. Please list number of vehicles sold during the previous year. retail _____ wholesale _____
If an original application, projected number of vehicles to be sold in the next 12 months. _____
13. For renewals, please list number of dealer tags assigned to dealership. _____

Certification

I/we certify, under penalty of perjury, that the statements made within are true to the best of my/our knowledge. This dealership meets the location requirements and I/we understand the titling and registration, Insurance, inspection, and dealer licensing provisions set forth in Maryland Vehicle Law and pertinent Motor Vehicle Administration regulations.

Name of Dealership _____

_____	by	_____	_____
Date	Applicant Signature	Capacity	Printed Name
_____	by	_____	_____
Date	Applicant Signature	Capacity	Printed Name
_____	by	_____	_____
Date	Applicant Signature	Capacity	Printed Name

(All owners and corporate officers are required to sign.)



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.



MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License: Dealer Salesman Professional Driver Instructor Title Service Agent Other

Instructions for Criminal Background Request

This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:

This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only: