



STATE OF TENNESSEE  
**TENNESSEE MOTOR VEHICLE COMMISSION**  
 500 JAMES ROBERTSON PARKWAY - 2ND FLOOR  
 NASHVILLE, TENNESSEE 37243-1153  
 PHONE 615-741-2711  
 FAX NO. 615-741-0651

File No. _____
Xact No. _____
Action: _____
<b>For Office Use Only</b>

**Check type(s) of Application:**

- |   |  |
|---|--|
| <input type="checkbox"/> NEW RECREATIONAL VEHICLES<br>(Includes right to sell used R.V.'s at same location)               | <input type="checkbox"/> RELOCATION APPLICATION    |
| <input type="checkbox"/> FRANCHISE MOTOR VEHICLE DEALER<br>(Includes right to sell used cars and trucks at same location) | <input type="checkbox"/> USED MOTOR VEHICLE DEALER |
| <input type="checkbox"/> FRANCHISE MOTORCYCLE DEALER<br>(Includes right to sell used motorcycles at same location)        |  |
| <input type="checkbox"/> ADDITIONAL LINE-MAKE   |  |

Application is hereby made for motor vehicle dealer license to engage in the business of selling motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq.  
**Print in black ink or type** requested information.

1. Firm Name \_\_\_\_\_ (\_\_\_\_\_)  
 (Full name of Entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)  
 \_\_\_\_\_ (\_\_\_\_\_) (Fax No. w/Area Code)

2. (a) Location Address \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (County) (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)  
 \_\_\_\_\_  
 (P. O. Box or Street)  
 \_\_\_\_\_  
 (City) (County) (Zip)

3. If a Franchise Dealer or New Recreational Vehicle Dealer, each line-make is required to be licensed. List each line-make and names of manufacturers/distributors with whom you have a bona fide contract, sales and service agreement, or franchise for the retail sale of each of the makes of vehicles. Attach a copy of the manufacturer's franchise letter awarding each line-make.

<u>Line-make</u>	<u>Name of Manufacturer/Distributor</u>
1. _____	_____
2. _____	_____

(Line-make continued)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

4. Physical description of facility must exceed minimum requirements as per attached instruction sheet.

Type of Building: \_\_\_\_\_ (ex. wood, brick, block, etc.); Gross Building Area: \_\_\_\_\_  
(Square Feet); Land Size \_\_\_\_\_ (Square Feet or Acreage)

5. Is the sale of motor vehicles or recreational vehicles the principal business at the location named in this application? \_\_\_\_\_

(Yes or No)

6. Are you engaged in any other business which is conducted from this establishment? \_\_\_\_\_  
(Yes or No)

If yes, describe: \_\_\_\_\_

7. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? \_\_\_\_\_  
(Yes or No)

8. Type of business (circle one); Proprietorship Partnership Corporation LLC LLP

(a) If proprietorship, give name, residential address and **cell phone** number of owner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) If partnership, give name and residential address and **cell phone** of each partner and designate managing partner or partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.



I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(Print Authorized Signature)

**Applicant's E-mail**

**Address** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

(SEAL)

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**Mail application, attachments, and fee** to the **TENNESSEE MOTOR VEHICLE COMMISSION**, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.

**CHECK LIST OF ATTACHMENTS TO APPLICATION:**

Application fee \$400 per Line-Make

Financial statement prepared by CPA

2 Year Surety Bond (Original)

**IF CORP, LLC, LLP NEXT 2 ITEMS APPLY:**

Certificate of Liability Insurance

Copy of Corporate Charter, if applicable

Copy of Zoning letter

Copy of Stockholders Update

Copy of Service Agreement

**IF FRANCHISE DEALER NEXT 2 ITEMS APPLY:**

Copy of State Sales Tax Certificate of Registration

Copy of Franchise Letter(s) or Agreements

Copy of County Business Tax License

Copy of Labor Rate Form (Franchise dealer)

Copy of City Business Tax License, if applicable

Copy (ies) of Financial Disclosure

Pictures of entire outdoor display area, sign, restroom, building & office, phone #, hours & days of operation

Photo copy of State or Federal Issued photo ID  
IN-0592 (Rev. 10/10)