



AFFIDAVIT – CEASING BUSINESS OPERATIONS

State Form 55905 (R / 12-17)

**INDIANA SECRETARY OF STATE
 AUTO DEALER SERVICES DIVISION**
 302 West Washington Street, Room E-111
 Indianapolis, IN 46204
 Telephone: 317-234-7190
 Fax: 317-233-1915
Dealers@sos.in.gov

STATE OF INDIANA }
 COUNTY OF _____ } SS:

I (we) affirm on this date, ____ / ____ / ____ , that dealership, _____
 with dealer number _____ , will cease operations effective ____ / ____ / ____.

We understand that we are required to return our permanent dealer plates to the Indiana Secretary of State Auto Dealer Services
 Division no later than ten (10) days after the date the dealership ceases operations.

I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement on this
 form may constitute the crime of perjury.

Signature of Owner, Officer, or Partner	Printed Name of Owner, Officer, or Partner	Date Signed (mm/dd/yyyy)

In witness hereof, I hereunto set my hand and official seal.		
Signature of notary		Date (mm/dd/yyyy)
Printed or typed name of notary	County of residence	Commission expiration date (mm/dd/yyyy)

Notary Seal