



TRANSFER DEALER LICENSE APPLICATION

State Form 56185 (R3 / 8-18)

**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

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
 2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail using the applicable address found in the top right corner of this form.
 3. You must also submit the applicable fee under IC § 9-32-11-2(i) by mail or hand-delivery to the address found in the right top corner of this form. A list of fees is available at <http://www.in.gov/sos/dealer/4257.htm>. Checks should be made payable to the Indiana Secretary of State. The fee does not need to be submitted simultaneously with the application, but your application cannot be processed until payment is made.
 4. You must include the following with your completed application:
 - a. Retail Merchant Certificate
 - b. Proof of bond
 - c. Proof of liability insurance or membership in a risk retention group under IC § 9-32-11-14
 - d. A completed zoning affidavit as required by IC 9-32-11-2
 - e. If organized as a corporation, LLC, LLP, or LP, you must include your Certificate of Existence and, if applicable, Certificate of Assumed Name. Foreign entities must include their Certificate of Authority or Registration, whichever is applicable.

SECTION 1 - Information about your Business / Owner(s)

1. Name in which the Dealer license will be issued (DBA Name)				2. Web Address of your business	
3. Business Telephone Number ()		Alternate Telephone Number ()		Fax Number ()	
E-mail Address		4. Address of Established Place of Business (number and street)		City	
State		ZIP code		County	
5. Federal identification number (FID)		6. Retail Merchant Number (TID)		Retail Merchant Location Number (LOC)	
7. The established place of business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned		If leased, name of lessor		E-mail address of lessor	
7a. Address of lessor (number and street)		City		State	
ZIP code		Telephone number of lessor ()			
8. Type of Business Entity <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP					
8a. Name of Business Entity (if differs from box 1)		Address (number and street)		City	
State		ZIP code			
8b. If corporation, LLC, LP or LLP, give date and state of incorporation / organization / registration: Date of incorporation / organization / registration (mm/dd/yyyy): _____ State of incorporation / organization / registration: _____					
9. State the name and address (must be within Indiana) of the person upon whom legal services of process may be made and his/her title or relationship to applicant: Name _____ Address (number and street) _____ City _____ State _____ ZIP code _____					
Title / Relationship to Applicant _____					

10. Owners / Officers / Partners Who Will Appear on License Check only three to be listed on the license. Attach additional sheets, if necessary.

10a. Name of Primary Owner		Title		Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address		Last 4 digits of Social Security number XXX-XX-		Year of Birth	
Address (number and street)		Contact number ()		ZIP code	
City		State			
10b. Name of Owner		Title		Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address		Last 4 digits of Social Security number XXX-XX-		Year of Birth	
Address (number and street)		Contact number ()		ZIP code	
City		State			
10c. Name of Owner		Title		Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address		Last 4 digits of Social Security number XXX-XX-		Year of Birth	

Address (number and street)		Contact number ()
City	State	ZIP code

11. Questions			
11a. Has any owner, corporate officer, or partner owned or worked for another dealer in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11a. If yes, name of individual (individual one, if applicable)		Name of dealer	
Address of dealer (number and street)		City	State ZIP code
11a. If yes, name of individual (individual two, if applicable)		Name of dealer	
Address of dealer (number and street)		City	State ZIP code
11b. Has any owner, corporate officer, or partner on the application had a dealer license suspended or revoked or had an application for a dealer license denied in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details.			
11c. Is this location devoted solely to the business of buying, selling and/or exchanging motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please give details.			

SECTION 2 - Information about your Business					
12. Name of Insurance Carrier or Risk Retention Group		Policy number		Date of expiration (mm/dd/yyyy)	
13. Name of bond carrier		Bond number		Date of expiration (mm/dd/yyyy)	
14. Describe the type and extent of your business, including the situations in which your business has a need to transfer at least twelve (12) motor vehicles during a twelve (12) month period. You may attach additional sheets, if necessary.					
15. Select the type(s) of vehicle(s) to be sold: (Select all that apply.)	Type to be sold: New / Used	Metal Dealer Plates requested? Yes / No	How many plates for this vehicle type? (Indicate requested amount.)	Interim Plates requested? Yes / No	How many plates for this vehicle type? (Indicate requested amount.)
<input type="checkbox"/> Cars	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Trucks	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Mini Trucks	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Motor Driven Cycle - A	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Motor Driven Cycle - B	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Mobile / Manufactured Homes	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Snowmobiles / Off-road / ATV	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Trailers	<input type="checkbox"/> Used only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
16. How many units do you expect to sell during the next twelve (12) months? Wholesale: _____ Retail: _____		16a. Number of full-time sales person directly involved with selling: _____		16b. Number of other full-time employees: _____	

17. Anticipated Hours of Operation:					
<input type="checkbox"/> Monday _____ to _____	<input type="checkbox"/> Thursday _____ to _____	<input type="checkbox"/> Saturday _____ to _____			
<input type="checkbox"/> Tuesday _____ to _____	<input type="checkbox"/> Friday _____ to _____	<input type="checkbox"/> Sunday _____ to _____			
<input type="checkbox"/> Wednesday _____ to _____					

SECTION 3 - Signature	
I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.	
Signature of applicant	Date (mm/dd/yyyy)
Printed or typed name	Title