Reset Form

CONVERTER MANUFACTURER LICENSE APPLICATION

State Form 56189 (R4 / 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.*
5. *If you indicated a, b, and/or c for Question 18, you are required to hold an automotive mobility endorsement and must include proof of accreditation through Quality Assurance Program of the National Mobility Equipment Dealers Association with your application.*

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: ☐ Leased ☐ 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

☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ 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 **IN**	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? ☐ Yes ☐ 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	
10b. Name of Owner	Title		Listed on license? ☐ Yes ☐ 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	
10c. Name of Owner	Title		Listed on license? ☐ Yes ☐ 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? ☐ Yes ☐ No

11a. If yes, name of individual (individual one, *if applicable*)	Name of dealership		
Address of dealer *(number and street)*	City	State	ZIP code
11a. If yes, name of individual (individual two, *if applicable*)	Name of dealership		
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? ☐ Yes ☐ No

If yes, please give details.

11c. Is this location devoted solely to the business of buying, selling and/or exchanging motor vehicles? ☐ Yes ☐ 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. 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.)*
☐ Cars	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Trucks	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Mini Trucks	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Motorcycles	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Motor Driven Cycle - A	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Motor Driven Cycle - B	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Mobile / Manufactured Homes	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Recreational Vehicles	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Snowmobiles / Off-road / ATV	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Trailers	☐ New / Used ☐ New only ☐ Used only	☐ Yes ☐ No		☐ Yes ☐ No	

15. If selling "New", indicate franchise(s)

16. How many units do you expect to sell during the next twelve (12) months?	16a. Number of full-time sales person directly involved with selling:	16b. Number of other full-time employees:

17. Anticipated Hours of Operation:

☐ Monday _____ to _____ ☐ Thursday _____ to _____ ☐ Saturday _____ to _____

☐ Tuesday _____ to _____ ☐ Friday _____ to _____ ☐ Sunday _____ to _____

☐ Wednesday _____ to _____

18. Automotive Mobility Endorsement

Please indicate which, if any, applies to your business:

☐ a. Engages exclusively in the business of selling, offering to sell, or soliciting or advertising the sale of adapted vehicles or watercraft

☐ b. Possesses adapted vehicles or watercraft exclusively for the purpose of resale

☐ c. Engages in the business of:
(A) selling, installing, or servicing; (B) offering to sell, install, or service; or (C) soliciting or advertising the sale, installation, or servicing of; equipment or modifications specifically designed to facilitate use or operation of a vehicle or watercraft by an individual who is disabled.

☐ d. None of the above listed apply to my business.

If you checked a, b, and/or c, you are required to hold an automotive mobility endorsement and must include proof of accreditation through Quality Assurance Program of the National Mobility Equipment Dealers Association.

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