APPLICATION FOR WATERCRAFT DEALER LICENSE

State Form 47584 (R3 / 4-12)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION
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Go to www.in.gov/sos/dealer for a list of required documents.

Legal name of business	
Business location address *(number and street, city, state, and ZIP code)*	County
Telephone number ( )	E-mail address
If above is a rural location, please give directions to place of business.	

Liability insurance must meet the following requirements: The policy must have limits of not less than one hundred thousand dollars ($100,000) for bodily injury to one person, three hundred thousand dollars ($300,000) per accident, and fifty thousand dollars ($50,000) for property damage. These minimum amounts must be maintained during the time the license is valid.

Name of insurance carrier	Policy number	Date of expiration *(month, day, year)*
Retail Merchants Certificate number	Federal identification number	

Indicate the type of watercraft sold

N ☐ New Only U ☐ Used Only B ☐ New and Used

Indicate your type of business

A ☐ Dealer B ☐ Manufacturer C ☐ Distributor D ☐ Wholesale Dealer E ☐ Auctioneer

Do you intend to purchase a dealer registration? ☐ Yes ☐ No	How many watercraft do you expect to sell during the next twelve (12) months?
Is this business seasonal? ☐ Yes ☐ No	If Yes, check months or partial months in business

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Indicate the business' principal type of product sold or service rendered

Indicate whether your established place of business is: *(check one)*

☐ Owned ☐ Leased

If leased, name of lessor	Telephone number ( )

Address of lessor *(number and street, city, state, and ZIP code)*

Indicate whether applicant is: *(check one)*

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

List the names, Social Security numbers, titles, home addresses, and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors, if corporation. If additional space is necessary, enclose a sheet listing the remaining names, titles, home addresses and home telephone numbers.

NAME	SOCIAL SECURITY NUMBER	TITLE	HOME ADDRESS *(number and street, city, state, & ZIP code)*	HOME TELEPHONE NUMBER

Has any business you've been involved with currently or in the past had a dealer license suspended or revoked or had an application for dealer license rejected in this state within the last three (3) years?

☐ Yes ☐ No

If Yes, please give details

PLEASE NOTE:

Every Manufacturer, Distributor, Retail or Wholesale Dealer must file with the Secretary of State, Dealer Department, a current copy of each franchise to which it is a party, or, if multiple franchises are identical except for stated items, a copy of the form franchise with supplemental schedules of variations from the form.

All books, records and files relating to applicant's inventory and watercraft titles must be kept at the established place of business and be available for inspection.

I hereby certify, under 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 owner, partner, or officer	Date *(month, day, year)*

Printed or typed name	Title