



# APPLICATION FOR OUT-OF-STATE DEALER SPECIAL EVENT PERMIT

State Form 56079 (R / 1-18)  
Approved by State Board of Accounts, 2018

**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](mailto: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 9-32-11-11.5(c) 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. A copy of the license for each licensed auctioneer conducting the auction;
    - b. A copy of the dealer's valid license; and
    - c. A completed Zoning Affidavit ([State Form 55936](#)).
  5. A completed application must be received by the Auto Dealer Services Division not later than thirty (30) days before the beginning date of the proposed special event.

### DEALER INFORMATION

Name of dealer			Dealer number		
Address of established place of business (number and street)		City	State	ZIP code	County
Telephone number (     )		E-mail address			
If Out-of-State Dealer, list the following information for Owners, Officers, or Partners. Attach additional sheets, if necessary.					
NAME	TITLE	HOME ADDRESS (number and street, city, state, and ZIP code)			HOME TELEPHONE NUMBER

### SPECIAL EVENT INFORMATION

Address of special event location (number and street)		City	State	ZIP code	County
Type of Special Event: (Must choose at least one.)					
<input type="checkbox"/> The vehicles to be auctioned are all at least fifteen (15) years old. <input type="checkbox"/> The vehicles to be auctioned are classified as classic, collector, or antique.					
Duration of special event From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____				Number of vehicles to be auctioned	
Name of licensed auctioneer to conduct auction				Auctioneer license number	

### DEALER AFFIRMATION

I hereby certify, under the penalty of perjury, that:

1. The special event is a vehicle auction to be conducted by the above-named auctioneer licensed under Indiana Code § 25-6.1-3;
2. At least two hundred (200) vehicles will be auctioned during this special event;
3. This dealer has not received more than one (1) special event permit within the past twelve (12) months;
4. I am authorized to submit this application; and
5. The answers and information contained in this application are true and correct.

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