Reset Form

APPLICATION FOR VEHICLE OR WATERCRAFT DEALER BUSINESS LICENSE

State Form 13215 (R13 / 6-15)
Approved by State Board of Accounts, 2015

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DEALER DIVISION
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www.sos.in.gov

Go to www.in.gov/sos/dealer for a list of required documents.

***NOTE:** The person or officer with jurisdiction over the real property described on this form must verify compliance with zoning and local ordinances in the relevant section below. If there is no person or officer with jurisdiction over the real property, you must include a written statement to that effect from the executive of the unit in which the property is located. The statement must state that the proposed location is zoned for the operation of the type of business described in this application.*

1. Name in which the business license will be issued				2. Federal identification number (FIN)
3. Daytime telephone number ( )	Evening telephone number ( )	Fax number ( )		E-mail address
4. Legal address of business *(number and street)*	City	State	ZIP code	County
5. Tax identification number		Location number		
6. The business location is: ☐ Leased ☐ Owned	If leased, name of lessor			
Address of lessor *(number and street)*	City	State	ZIP code	Telephone number of lessor ( )
7a. Name of insurance carrier	Policy number	Date of expiration *(month, day, year)*		
7b. Name of bond carrier	Bond number	Effective date of bond *(month, day, year)*		

8a. Type of dealer *(check one)*
☐ Vehicle ☐ Watercraft

8b. Indicate the type of license being applied for by checking the appropriate box.
☐ Dealer ☐ Distributor ☐ Converter Manufacturer ☐ Watercraft Dealer
☐ Manufacturer ☐ Automobile Auction ☐ Mobility Dealer ☐ Transfer Dealer

9. If applying for a LICENSE, indicate the type of vehicles sold by checking the appropriate box(es).

CARS	TRUCKS	MOTORCYCLES	MOBILE HOMES	TRAILERS	RECREATIONAL VEHICLES	ALL TERRAIN VEHICLES (ATVs)	BOATS	OTHER
☐ New Only	☐ New Only	☐ New Only	☐ New Only	☐ New Only	☐ New Only	☐ New Only	☐ New Only	☐ New Only
☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only	☐ Used Only
☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used	☐ New & Used
		☐ MDC A						
		☐ MDC B						

If you checked Other, *please explain.*

10. Number of full-time sales persons directly involved with selling	11. Number of other full-time employees	12. How many units do you expect to sell during the next twelve (12) months? Wholesale _____ Retail _____

13. Type of applicant *(check one)*
☐ a. Sole proprietorship ☐ b. Partnership ☐ c. Corporation ☐ d. LLC ☐ e. LLP

Applicants (Corporations, LLC, LP, LLP, etc) with fillings with the Indiana Secretary of State Business Services are required to submit copies of their fillings (Articles of Incorporation, etc.) with the application.

14. Do you intend to buy dealer plates? ☐ Yes ☐ No	How many?	15. Do you intend to buy interim plates? ☐ Yes ☐ No	How many?

16. ZONING APPROVAL - *TO BE COMPLETED BY LOCAL ZONING BOARD / AUTHORITY.*

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting motor vehicle business at the address cited above.

Original ink signature	Date *(month, day, year)*
Printed or typed name	Title
Authorizing agency	

17. OWNER / OFFICER INFORMATION

A. Name of primary owner		Title
Home address *(number and street)*		ZIP Code
City	State	Home telephone number ( )

B. Name of additional owner		Title
Home address *(number and street)*		ZIP Code
City	State	Home telephone number ( )

C. Name of additional owner		Title
Home address *(number and street)*		ZIP Code
City	State	Home telephone number ( )

The applicant and all corporate officers, partners, and owners must submit to a national criminal history background check (as defined in IC 10-13-3-12) administered by the state police at the expense of the applicant and the corporate officers, partners, and owners. The secretary may deny an application based upon felony or misdemeanor convictions related to dealing in motor vehicles.

18. Has any owner, partner, officer, or director of the applicant owned or worked for another dealership in this or any other state? ☐ Yes ☐ No

If yes, name of individual	Name of dealership		
Address of dealership *(number and street)*	City	State	ZIP code
If yes, name of individual	Name of dealership		
Address of dealership *(number and street)*	City	State	ZIP code

19. Name of person upon whom legal service or process may be made	Telephone number ( )
Address *(number and street, city, state, and ZIP code)*	

20. If corporation, LLC, or LLP, state of action	Date of action *(month, day, year)*	If foreign corporation (not Indiana), date of admission to do business in Indiana *(month, day, year)*

21. REPRESENTATIVE	ADDRESS *(number and street)*	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

22. QUESTIONS

Has any owner, partner, or director on the application ever been arrested or convicted of a crime that has not been expunged by a court? ☐ Yes ☐ No

If yes, please give details.

Has any owner, partner, or director on the application had a license suspended, or revoked or had an application for a license denied in this or any other state? ☐ Yes ☐ No

If yes, please explain.

Is this location devoted solely to the business of buying, selling, and/or exchanging motor vehicles? ☐ Yes ☐ No

If no, please explain.

PLEASE NOTE: Every dealer, manufacturer, or distributor must file with the Secretary of State 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 franchise form with supplemental schedules of variations from the form is acceptable.

A Surety Bond is required for all dealers licensed under IC 9-32-11.

All applications must have the application I license fee attached. Fees are posted on the Secretary of State, Auto Dealer Service Division website: www.in.gov/sos/dealer.

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

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.

Original ink signature of applicant	Date *(month, day, year)*

Printed or typed name	Title