



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
SEVERANCE & LICENSE SECTION

P.O. Box 327550 • Montgomery, AL 36132-7550 • (334) 353-7827

LIC: 539-3 Rev. 7/09

For Office Use Only

New Renewal

Application for Act 539 Regulatory License

October 1, 2009 through September 30, 2010

County _____

| | | | | | |
|-------------------------------------|--------------------------|----------------------------------|-----------------------------|--------------------------|--------------------------|
| Applying For: | | Check Appropriate Box(es) | | | |
| Franchised New Motor Vehicle Dealer | <input type="checkbox"/> | } \$10.00 | Motor Vehicle Reconditioner | <input type="checkbox"/> | \$10.00 |
| Used Motor Vehicle Dealer (Retail) | <input type="checkbox"/> | | - or - | Motor Vehicle Rebuilder | <input type="checkbox"/> |
| Extra Locations (\$5.00 each) | \$ _____ | | Motor Vehicle Wholesaler | <input type="checkbox"/> | \$10.00 |
| Total Enclosed With Application | \$ _____ | | | | |

Insufficient Funds Will Result In License Revocation

| | | | |
|----------------------------------|---|---------------------|------------------|
| For New Car Dealers ONLY! | { | Manufacturer: _____ | Line Make: _____ |
| | | Manufacturer: _____ | Line Make: _____ |
| | | Manufacturer: _____ | Line Make: _____ |
| | | Manufacturer: _____ | Line Make: _____ |

1. _____

LEGAL NAME OF BUSINESS _____ DBA NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE SALES TAX NUMBER (RETAIL ONLY) _____ FEDERAL EMPLOYER ID NUMBER _____ DATE BUSINESS BEGAN _____

2. Form of Organization: Individual Partnership Limited Liability Company Corporation

Provide the information below for owner, ALL partners, members, officers and directors. Attach additional sheet(s) if necessary.

| | NAME | SOCIAL SECURITY NO. | HOME ADDRESS & CITY | HOME PHONE |
|----|-------|---------------------|---------------------|--------------|
| A. | _____ | ___/___/___ | _____ | (____) _____ |
| B. | _____ | ___/___/___ | _____ | (____) _____ |
| C. | _____ | ___/___/___ | _____ | (____) _____ |
| D. | _____ | ___/___/___ | _____ | (____) _____ |

3. List exact permanent location(s):

| | ADDRESS | CITY | ZIP | TELEPHONE (VERIFIABLE LANDLINE) NO CELLULAR PHONES |
|------------------|---------|-------|-------|--|
| Primary Location | _____ | _____ | _____ | (____) _____ |
| Second Location | _____ | _____ | _____ | (____) _____ |
| Third Location | _____ | _____ | _____ | (____) _____ |

4. **Number of Motor Vehicles Sold** January 1, 2008 through December 31, 2008:

| | RETAIL: | WHOLESALE: |
|---------------|---------|------------|
| New Vehicles | _____ | _____ |
| Used Vehicles | _____ | _____ |

NOTE: Failure to provide all information will result in a delay of processing the application.

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Approved By: _____

Bond Number: _____

W/I Date: _____

Entered By: _____

Date: _____

5. The questions in part 5 must be answered by **ALL APPLICANTS**. Note: Only retailers are required to answer question (5)(e)(5).

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Have you ever knowingly dealt in stolen vehicles or accessories? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you disconnected, turned back, or reset the odometer of any motor vehicle in violation of state or federal law since September 1, 1991?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you skipped title assignments or accepted open assignments of title or bill of sale during the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Section 40-12-395, Code of Alabama 1975 , states in part: "Only one licensed dealer shall operate at the same place of business; provided, that a motor vehicle reconitioner or motor vehicle rebuilder may operate on the premises for which he is licensed to operate as a motor vehicle dealer." Do you acknowledge awareness of this statement?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Regarding the location(s) listed in part 3 of this application: | | |
| 1) Is/Are the location(s) permanent and owned or leased by the sole proprietor, a partner, LLC member or the corporation as listed on the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is there sufficient space to adequately display/store on each location one or more vehicles offered for sale? (Space must be exclusive.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Does/Do the location(s) have a suitable place from which a motor vehicle dealer can, in good faith, carry on the business of a motor vehicle dealer, keep and maintain books and records necessary to conduct such a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Does/Do the location(s) listed in part 3 have operable landline telephone(s) listed with the telephone company under the name of the licensed business?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does/Do the location(s) listed in part 3 each have the required sign designating that the location is a place of business of a motor vehicle dealer? (Retailers only) | <input type="checkbox"/> | <input type="checkbox"/> |

The information provided in this application will be cross-checked for compliance with Alabama Sales Tax and Income Tax Laws.

Under penalties of perjury, the undersigned hereby certify that all information contained in this application for a regulatory license is true and correct in every respect; furthermore, that the undersigned is/are aware of all requirements provided by Sections 40-12-390 through 40-12-400, **Code of Alabama 1975**, and is/are aware of all applicable penalties for code violations.

Retailers only
Attach Photo(s) Here
Photo(s) must show Sign and Location
labeled for each separate location.
A new photo is required each license year.
Digital photos are only acceptable on photographic paper.

 Name of Business

NOTE: Multiple Member Limited Liability Company must complete authorization form on page 12 if only one member signs this form.

 Signature of Owner, Partner, Member, Officer or Director

 (Type or Print Name)

 Signature of Partner, Member, Officer or Director

 (Type or Print Name)

 Signature of Partner, Member, Officer or Director

 (Type or Print Name)

 Signature of Partner, Member, Officer or Director

 (Type or Print Name)