

**\*\*Dealership Registration Application Template\*\***

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**\*\*Dealership Registration Application Form\*\***

**\*\*1. Dealership Information:\*\***

- Name of Dealership: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Website: \_\_\_\_\_

**\*\*2. Owner Information:\*\***

- Owner's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address (if different from dealership): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**\*\*3. Type of Dealership:\*\***

- ☐ New Vehicle Dealer
- ☐ Used Vehicle Dealer
- ☐ Motorcycle Dealer
- ☐ Other: \_\_\_\_\_

**\*\*4. Business Structure:\*\***

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ LLC
- ☐ Other: \_\_\_\_\_

**\*\*5. Financing Information:\*\***

- Bank Name: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**\*\*6. Required Documentation:\*\***

- ☐ Business License
- ☐ Tax Identification Number
- ☐ Sales Tax Permit
- ☐ Proof of Location (Lease Agreement/Deed)
- ☐ Insurance Certificate

**\*\*7. Signature:\*\***

- I hereby certify that the information provided is true and accurate to the best of my knowledge.

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*Submit to:\*\***

[Appropriate State or Local Authority Name]

[Address]

[City, State, Zip Code]

[Email/Website]

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**\*\*End of Application\*\***