

Auto Industry Division P.O. BOX 17087 DENVER, CO 80217-0087 (303) 205-5604 dor_dealers@state.co.us

Motor Vehicle Dealer Board Dealer/Wholesale License Application

Check One	Check One									Check One					
Original A Change o Current de	Franc	nchise Powersport Vehicle Dealer (2604) d Powersport Vehicle Dealer (2606) olesale Powersport Vehicle Dealer (2608)				Individual Partnership Ltd Liab. Partnership Corporation Ltd Liab. Company									
1. Name of App	licant (Individual/P	artners/Co	rporation/L	LC/LLP)	Sales	Tax Nu	mber			Federal	ID. Nu	ımber			
2. Trade Name (DBA) Business Pho					hone	FAX Number				Email Address					
3. Business Street Address				(/	City		ZIP			Count			ty		
4. Mailing Address (if different)					City	City ZIP			ZIP	County			ý		
	list type and make						sed to	sell. You	must	attach a	а сору	of the	letter of in	tent	
<u> </u>	s, partners, membe			<u> </u>			p in the	business	(must	egual 10	0%.) Att	tach add	ditional paper	ifnec	essarv.
Full	Date of Birth	eet, City			Social Security Email Ac			y Number and		Home Phone		% Owned			
								SSN							
				Email											
					SSN										
								Email							
								SSN							
								Email							
	person(s) who ar	e owners v	vho shall l	be permitted				under this	s lice	nse. (Mu	ıst be	listed	in Questior	ո 6.)	
Name 1						Name 2	!								
If a resident of Colorado less than two years, list prior address.							9. City					10. State			
11. List any and	all names, (aliases	s. maiden na	ame. nickna	ames. etc).											
	(,	,												
Please revie (See section		s in order to	understan	d what constit	utes "Pr	oof of La	awful Pr	esence".	www.		.gov/re	venue/	☐ Ye aid	s \square	No
13. If there is an	existing motor veh	nicle dealer	at this loca	tion, provide th	he deale	r name	and dea	aler licens	e nun	nber					
14. Premises are: If leased, from whom? Owned Leased							Address of Lessor				Date Lease Expires			Expires	
I have read the second degree. Secretary of the against me on a	foregoing application I agree to conform Motor Vehicle Deany claim for dama	n to all rules aler Board a ges alleged	and regula as my true I to have be	ations promulo and lawful ago een suffered b	gated by ent for th by any po	the Mone ne servi erson by	tor Veh ce of pro reasor	icle Deale ocess in a n of the vi	r Boa any ac olation	rd. I do h ction which of any o	ereby th may of the t	appoin be her erms a	t the Execut eafter comm nd provision	ive nence is of l	ed
Signature										Title					
Printed Name										Date					
F 0	Criminal History	Board Act	ion: \bigcap \text{\tin}\text{\te}\tint{\texi}\\ \text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texit{\texi}\text{\texi}\tint{\text{\texi}\texint{\texit{\texi{\texi{\texi{\texi}\texit{\texi{\texi{\texi{\texi}	pproved []	Denied	Deale	Numb	er	Date	Issued		Fee R	equired & Su	ıbmitt	ed
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