



Iowa Department of Transportation

Office of Vehicle Services
P.O. Box 9278
Des Moines, IA 50306-9278

Phone: (515) 237-3110
Fax: (515) 237-3056
E-mail: vehser@dot.iowa.gov
Web site: www.iowadot.gov/mvd

APPLICATION FOR MOTOR VEHICLE OR TRAVEL TRAILER DEALER LICENSE

(Pursuant to Chapters 322 and 322C, Code of Iowa)

- 1. [] New Application [] Transfer of Ownership [] Location Change [] Change of Corporate Officers [] Name Change

2. Name of Dealership _____
(Firm name must be identified on all supporting documents and must be the same)

Street City State Zip Code

Land Line Phone _____ County _____

E-Mail _____

- 3. Check the box relating to ownership:
[] If individual ownership: submit name, address and phone number of owner:
[] If partnership: submit name and bona fide address of the two partners:
[] If corporation: submit name and bona fide address of the president and vice president or officer of the corporation:

Name Address Phone

Name Address Phone

- 4. List the address of any extensions of your business: Extension lots of motor vehicle dealers must be located in the same city or township as the principal place of business and must be properly zoned. Extension lots of travel trailer dealers must be located in the same county as the principal place of business.

a. _____

b. _____

- 5. Check types of vehicles you sell:
[] New cars [] New travel trailers* [] New motorcycles [] New motorized bicycles
[] Used cars [] Used travel trailers* [] Used motorcycles [] Used motorized bicycles
[] New motor homes [] New trucks [] New low speed vehicles
[] Used motor homes [] Used trucks [] Used low speed vehicles

*Travel trailers need additional dealer license fees paid. (See fee section.)

- 6. Check the box relating to your type of business
[] Engage in business of selling vehicles at retail.
[] Sell motor vehicles solely through an option to purchase in lease agreements.
[] Sell only those vehicles repossessed or acquired by lien, title retention instruments, or security contracts.
[] Fleet vehicle sale.
[] Auction only.
[] Insurers selling vehicles of a type subject to registration, solely for the purpose of disposing of vehicles acquired as a result of a damage settlement or recovered stolen vehicles acquired as a result of a loss settlement.



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- 7. If the applicant is a party to any contract, agreement or understanding with any manufacturer or distributor of vehicles or is about to become a party of such a contract, agreement, or understanding, the applicant shall state the name of each manufacturer and distributor, and the make or makes of new vehicles. Be sure to enclose a copy of your franchise(s). The manufacturer must supply a list of the dealers authorized to sell the same line make in the franchise community, of the applicants area of responsibility and a statement that the applicant's area of responsibility does not overlap any other dealers area of responsibility of the same line make(s). If the manufacturer does not specify market areas it must be stated.

The following information must be provided if selling new line makes:

Line Make(s), Vehicle Type(s) for each line make (cars, motorcycles, trucks, multipurpose, travel trailers, or other) and Name of Vehicle Manufacturer:

Three horizontal lines for providing line make, vehicle type, and manufacturer information.

8. Corporations

If operating as a corporation, you certify by signing this application, that the corporation complies with all applicable state requirements for incorporation.

9. Zone

Attach a letter from the office responsible for the enforcement of zoning ordinances in the city, town or county where the principal place of business and any extension lots are located, which states the place of business, extensions are in compliance with all applicable zoning provisions or is a legal nonconforming use.

10. Financial Liability

I certify by signing this application that the above named dealership has the required financial liability coverage in the limits of not less than \$100,000 because of bodily injury to or death of one person in any one accident and, subject to the limit for one person, \$300,000 because of bodily injury to or death of two or more persons in any one accident, and \$50,000 because of injury to or destruction of property of others in any one accident. Does not apply to travel trailers.

11. Business Hours

List business hours that will be maintained: M _____, T _____, W _____, Th _____, F _____, S _____. A dealer is required to maintain a minimum of 32 posted hours Monday through Friday, inclusive, where the office is staffed during these hours. Dealers selling motorcycles exclusively are not required to maintain the 32 hour requirement.

12. Certification for Used Motor Vehicle Dealer Applicants

All used motor vehicle dealer applicants are required to attend an 8 hour pre-licensing course prior to licensing. At least one individual associated with the used motor vehicle dealer as an owner, principal, corporate officer, director, or member or partner of a limited liability company or limited liability partnership must complete the required education course. I certify by signing this application that _____

Name of Person Who Attended Training

who is the [] owner [] principal [] corporate officer [] director or member or partner of a limited liability company or limited liability partnership, has attended the required course and received the required certification.

Exempt from Pre-Licensing Certification

[] This dealership is a franchised dealer or is owned by a franchised motor vehicle dealer. List franchised dealer number D _____

A used motor vehicle dealer that owns more than one dealership in Iowa is only required to attend one class for all of their licensed used motor vehicle dealerships.

[] The owner of this dealership is already licensed as a used motor vehicle dealer in Iowa D _____ and has attended the pre-licensing course on _____ Dealer Number

Date

IF CLAIMING EXEMPTION FROM THIS REQUIREMENT FOR ANY REASON OTHER THAN LISTED ABOVE ATTACH A SEPARATE STATEMENT WITH AN EXPLANATION AS TO WHY THE USED MOTOR VEHICLE DEALERSHIP IS EXEMPT.

CRIMINAL HISTORY DATA REPORT

Has the applicant, owner, or any partner if a partnership, or if a corporation, any officer or director, been convicted of:

1. A felony? Yes No
2. A violation of the provisions of Iowa Code Chapters 322 or 322C (Dealer Licensing Act)? Yes No

Yes No

- A. (Consumer frauds)
- B. 321.52 (Wrecked or Salvage Title Law)
- C. 321.71 (Odometer law)
- D. 321.78 (Injuring or tampering with a motor vehicle)
- E. Have you ever been convicted of a fraudulent practice in dealing in motor vehicles?
- F. 321.92 (Altering or changing motor vehicle identification numbers)
- G. 321.97 (Fraudulent application)

Yes No

- H. Failing upon the sale or transfer of a vehicle to deliver to the purchaser or transferee of the vehicle sold or transferred, a manufacturer's or importer's certificate of title duly assigned, as provided in Iowa Code Chapter 321.
- I. Failing upon the purchasing or otherwise acquiring of a vehicle to obtain a manufacturer's or importer's certificate, or a certificate of title duly assigned as provided in Iowa Code Chapter 321.
- J. Failing upon the purchasing or otherwise acquiring of a vehicle to obtain a new certificate of title to such vehicle when and where required in Iowa Code Chapter 321.

If any question above has been answered yes, please provide as a separate statement attached to this application. The statement must include the following information:

Name of individual, offense committed, date and location of commission, and place and court of conviction.

PREVIOUS HISTORY STATEMENT

(If a corporation, provide information for each officer; each partnership, each partner. Attach a separate sheet if necessary.)

A. List employment for last 5 years. _____

B. Have you ever been a dealer in Iowa or any other state? Yes No If yes, list firm name, location, last year in business and Dealer Number. _____

C. Have you had a dealer license denied, suspended or revoked before? Yes No If yes, explain _____

D. A manufacturer or importer shall not directly or indirectly be licensed as, own an interest in, operate, or control a motor vehicle dealer. This does not apply to manufacturers of motor homes exclusively. List the business name and license number if licensed as a manufacturer, distributor, wholesaler, or importer. _____

I hereby certify under penalty of perjury and pursuant to the laws of the State of Iowa that the statements made on this application are correct and true to the best of my knowledge and belief and that I am qualified to receive a license as a Motor Vehicle or Travel Trailer Dealer in the State of Iowa. I understand that any material false statement made may be cause for denial of this application.

 Signature and Title

 Date

 Name of Applicant

 If individual, Social Security Number

 Federal Employer Identification Number (FEIN)

When completed forward this application to the Iowa Department of Transportation at the address on the top of this form.