



Iowa Department of Transportation

Office of Vehicle Services
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Des Moines, IA 50306-9278

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Fax: (515) 237-3056
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Web site: www.iowadot.gov/mvd

APPLICATION FOR DEALER'S EXTENSION LOT LICENSE (Pursuant to Iowa Code Chapter 322)

1. PRINCIPAL DEALERSHIP

Dealer Number: _____

Name: _____

Street Address: _____

City or Township: _____ State: _____ Zip Code _____

County: _____

2. PROPOSED EXTENSION LOT owned leased (if leased a copy of the lease agreement must accompany this application.)

Street Address: _____

City or Township: _____ State: _____ Zip Code _____

(Must be same as principal dealership)

County: _____

For travel trailer dealers the extension lot must be located in the same county as the principal place of business.

3. Is this location separate from other dealerships or businesses? Yes No

4. Attach a letter from the office responsible for the enforcement of zoning ordinances in the city, town or county where the proposed extension lot is located, which states the extension lot is in compliance with all applicable zoning provisions or is a legal nonconforming use.

5. TYPE(S) OF VEHICLES TO BE OFFERED FOR SALE AT EXTENSION LOT:

Motor Vehicles Travel Trailers

FEES:

Extension lot license fee is \$20. If you will be selling travel trailers in addition to motor vehicles, the fee will be \$40.

Total Enclosed \$ _____

I hereby certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is correct and true to the best of my knowledge. I understand that any material false statement may be cause for denial of this application or cancellation of this license.

Signature & Title

Name of Applicant

Date

Federal Employee Identification Number (FEIN)

When completed, forward this and your payment, payable to the Iowa Department of Transportation, to the Office of Vehicle Services at the address on the top of this form.