



APPLICATION FOR VEHICLE OR WATERCRAFT DEALER BUSINESS LICENSE

State Form 13215 (R11 / 8-13)

Approved by State Board of Accounts, 2013

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DEALER DIVISION
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Go to www.in.gov/sos/dealer for a list of required documents.

1. Name in which the business license will be issued			2. Federal identification number (FIN)					
3. Daytime telephone number () ()	Evening telephone number () ()	Fax number () ()	E-mail address					
4. Legal address of business (number and street)		City	State	ZIP code	County			
5. Tax identification number			Location number					
6. The business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned		If leased, name of lessor						
Address of lessor (number and street)		City	State	ZIP code	Telephone number of lessor () ()			
7a. Name of insurance carrier		Policy number		Date of expiration (month, day, year)				
7b. Name of bond carrier		Bond number		Effective date of bond (month, day, year)				
8a. Type of dealer (check one) <input type="checkbox"/> Vehicle <input type="checkbox"/> Watercraft								
8b. Indicate the type of license being applied for by checking the appropriate box. <input type="checkbox"/> Dealer <input type="checkbox"/> Factory Representative <input type="checkbox"/> Distributor <input type="checkbox"/> Converter Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor Representative <input type="checkbox"/> Automobile Auction <input type="checkbox"/> Research and Development <input type="checkbox"/> Transfer Dealer								
9. If applying for a LICENSE, indicate the type of vehicles sold by checking the appropriate box(es).								
CARS	TRUCKS	MOTORCYCLES	MOBILE HOMES	TRAILERS	RECREATIONAL VEHICLES	ALL TERRAIN VEHICLES (ATVs)	BOATS	OTHER
<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only	<input type="checkbox"/> New Only
<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only	<input type="checkbox"/> Used Only
<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used	<input type="checkbox"/> New & Used
If you checked Other, please explain.								
10. Number of full-time sales persons directly involved with selling		11. Number of other full-time employees		12. How many units do you expect to sell during the next twelve (12) months? Wholesale _____ Retail _____				
13. Type of applicant (check one) <input type="checkbox"/> a. Sole proprietorship <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. LLC <input type="checkbox"/> e. LLP								
<i>Applicants (Corporations, LLC, LL, LLP, etc) with fillings with the Indiana Secretary of State Business Services are required to submit copies of their fillings (Articles of Incorporation, etc.) with the application.</i>								
14. Do you intend to buy dealer plates? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			15. Do you intend to buy interim plates? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____					

16. ZONING APPROVAL - TO BE COMPLETED BY LOCAL ZONING BOARD / AUTHORITY

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting motor vehicle business at the address cited above.

Original ink signature		Date (month, day, year)	
Printed or typed name		Title	
Authorizing agency			

17. OWNER / OFFICER INFORMATION

A. Name of primary owner		Title	
Home address (number and street)			ZIP code
City	State	Home telephone number ()	
B. Name of additional owner		Title	
Home address (number and street)			ZIP code
City	State	Home telephone number ()	
C. Name of additional owner		Title	
Home address (number and street)			ZIP code
City	State	Home telephone number ()	

The applicant and all corporate officers, partners, and owners must submit to a national criminal history background check (as defined in IC 10-13-3-12) administered by the state police at the expense of the applicant and the corporate officers, partners, and owners. The secretary may deny an application based upon felony or misdemeanor convictions related to dealing in motor vehicles.

18. Has any owner, partner, officer, or director of the applicant owned or worked for another dealership in this or any other state? Yes No

If yes, name of individual		Name of dealership	
Address of dealership (number and street)		City	State ZIP code
If yes, name of individual		Name of dealership	
Address of dealership (number and street)		City	State ZIP code

19. Name of person upon whom legal service or process may be made Address (number and street, city, state, and ZIP code) Telephone number
()

20. If corporation, LLC, or LLP, state of action Date of action (month, day, year) If foreign corporation (not Indiana), date of admission to do business in Indiana (month, day, year)

21. REPRESENTATIVE	ADDRESS (number and street)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

22. QUESTIONS

Has any owner, partner, or director on the application ever been arrested or convicted of a crime that has not been expunged by a court? Yes No

If yes, please give details.

Has any owner, partner, or director on the application had a license suspended, or revoked or had an application for a license denied in this or any other state? Yes No

If yes, please explain.

Is this location devoted solely to the business of buying, selling, and/or exchanging motor vehicles? Yes No

If no, please explain.

PLEASE NOTE: Every dealer, manufacturer, or distributor must file with the Secretary of State a current copy of each franchise to which it is a party; or, if multiple franchises are identical except for stated items, a copy of the franchise form with supplemental schedules of variations from the form is acceptable.

A Surety Bond is required for all dealers licensed under IC 9-32-11.

All applications must have the application / license fee attached. Fees are posted on the Secretary of State, Auto Dealer Service Division website: www.in.gov/sos/dealer.

All books, records, and files relating to the applicant's inventory and motor vehicle titles must be kept at the established place of business and be available for inspection.

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Original ink signature of applicant		Date (<i>month, day, year</i>)
Printed or typed name	Title	