



ZONING AFFIDAVIT

State Form 55936 (11-15)

<p align="center">INDIANA SECRETARY OF STATE AUTO DEALER SERVICES DIVISION 302 West Washington Street Room E-018 Indianapolis, IN 46204 Dealers@sos.in.gov Fax: (317) 233-1915</p>

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed affidavit.
 2. Section 1 must be completed by the applicant.
 3. Section 2 must be completed by the zoning official with jurisdiction over the described real property. If no person or officer has jurisdiction, the applicant must submit a written statement by the executive of the unit in which the real property is located indicating that the proposed location is zoned for the operation of the business for which the applicant seeks a license.
 4. The completed affidavit must be mailed, faxed, or emailed to the Indiana Secretary of State Auto Dealer Services Division. Your license application cannot be processed until a completed affidavit or written statement is received.

SECTION 1- TO BE COMPLETED BY APPLICANT

Name in which the Dealer license will be issued (<i>Doing Business As (DBA) name</i>)	Legal name of the business (<i>Business Entity name</i>)			
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Street Address (<i>Proposed Business Location number and street</i>)	City	State	ZIP Code	County
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License Type

<input type="checkbox"/> Automobile Auction	<input type="checkbox"/> Converter Manufacturer	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Automotive Mobility	<input type="checkbox"/> New or Used Dealer	<input type="checkbox"/> Transfer
<input type="checkbox"/> Automotive Salvage Recycler	<input type="checkbox"/> Distributor	<input type="checkbox"/> Watercraft

Type of Activities to take place at the location
(Check all that apply.)

<input type="checkbox"/> Selling new and used vehicles	<input type="checkbox"/> Selling motor vehicles to dealers located in Indiana as a distributor
<input type="checkbox"/> Selling used vehicles	<input type="checkbox"/> Wrecking or dismantling vehicles for resale of their major component parts
<input type="checkbox"/> Selling Motorcycles/Motor Driven Cycles	<input type="checkbox"/> Rebuilding salvage, wrecked or dismantled vehicles
<input type="checkbox"/> Selling Watercraft/Watercraft Trailers	<input type="checkbox"/> Disposing of recyclable materials to a scrap metal processor or other appropriate facility
<input type="checkbox"/> Selling Trailers	<input type="checkbox"/> Adding to, subtracting from, or modifying a previously assembled motor vehicle
<input type="checkbox"/> Selling ATV/UTV/Snowmobiles	<input type="checkbox"/> Providing a facility for the purchase and sale of motor vehicles on the basis of bids (Auction)
<input type="checkbox"/> Selling RVs	<input type="checkbox"/> Manufacturing or assembling new motor vehicles or major component parts
<input type="checkbox"/> Selling Manufactured Homes	<input type="checkbox"/> Possessing two (2) or more inoperable vehicles subject to registration for more than thirty (30) days
<input type="checkbox"/> Selling used major component parts of vehicles	<input type="checkbox"/> Engaging in the business of storing, disposing, salvaging or recycling of vehicles, vehicle hulks or the parts of vehicles
<input type="checkbox"/> Selling adapted vehicles	
<input type="checkbox"/> Title Transfer/Financial Institution/Insurance Company	

Zoning (*Select one of the following.*)

There is a person or official charged with enforcing zoning ordinances for the above described property (*must complete Section 2*).

There is no person or official charged with enforcing zoning ordinances for the above described property (*must submit a written statement as described in instruction #3 above*).

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.

Signature of Applicant	Date Signed (<i>mm/dd/yyyy</i>)
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Printed Name of Applicant

SECTION 2- TO BE COMPLETED BY ZONING OFFICIAL

I, the undersigned, swear or affirm without stipulation that the above described property complies with local zoning ordinances or other local ordinances for the type of business indicated above. I understand that making a false statement may constitute the crime of perjury.

Signature of Zoning Official	Date (<i>mm/dd/yyyy</i>)
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Printed Name of Zoning Official	Title
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Authorizing Agency