Online License Application Guide

Each step of the online application process is listed below. For additional details on any of the steps, please click the link and you will be directed to the appropriate page.

Finding the License Application

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Completing the License Application	
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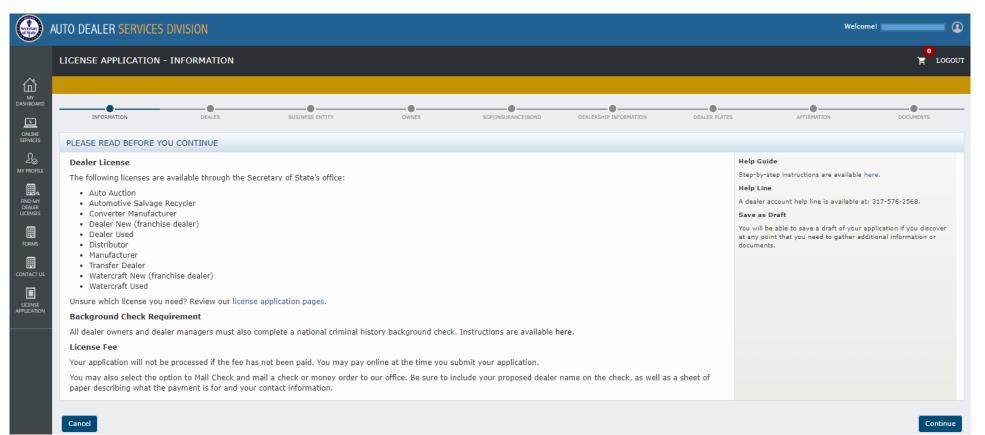
Welcome to The State of Indiana	
Sign In	Signing In
Email Address	 If you already have a log-in for INBiz, you can use that same log-in information here
Password Forgot your password?	
Password	- If you do not already have an account, select "Sign up now"
Sign in	to create one
Don't have an account? Sign up now	
Need Help?	

License Application

	MY DASH	BOARD							į	LOGOUT
MY DASHBOARD	ALERTS A	AND ANNOUN	NCEMENTS			(View All)	NOTIFICATIONS			(View All)
ONLINE SERVICES	түре			SUBJECT		GENERATED DATE	SUBJECT		GENERATE DATE	D ACTION
			NO R	ECORDS TO VIEW.			ATTORNEY GENERAL MEMO RE	SELF-REPORTING PROGRAM	9/27/2019	R
١							ATTORNEY GENERAL SELF-REP		9/27/2019	
FIND MY DEALER LICENSES								- RENEWAL LICENSE - 11/	<u>1/2019</u> 9/17/2019	R
							DEALER TRAINING 2019		9/4/2019	
FORMS							DEALER DIGEST- AUGUST 201	9	8/14/2019	e.
CONTACT US										
LICENSE APPLICATION	INVOICE	S				(View All)	RECENT TRANSACTION	NS		(View All)
	INVOICE	DATE	DEALER #	DEALER NAME	WORKORI #	DER PAYMENT STATUS	DEALER # DEALER NAME	TRANSACTION TYPE STATUS	WORK ORDER #	DATE

- Select "License Application" from the bottom of the left-side menu.
- If you do not see "License Application," check to see if you need to scroll farther to the bottom or to the left.

Information Page



This is the page that should appear when you click "License Application."

Select "Continue" to proceed.

Dealer Details

DEALER DETAILS		
* License Type:	-SELECT-	The Dealer name needs to be the business name you will be operating under and the name that will appear on
Dealer name to appear on license (DBA):		your signage. If you are a corporation or an LLC and will be operating under an assumed (DBA) name, provide the assumed
* Business Phone Number:	Ext:	(DBA) name. That name needs to be stated on all the documents you submit with your application as well as your business sign.
Alternate Phone Number:		Your assumed (DBA) name needs to be registered with Business Services Division of the Indiana Secretary of
FAX Number:		State, and you will be required to upload a copy of this documentation.
* Primary Email Address:		
Web Address:		

- Select the license type that is most appropriate for your business. Additional info on each license type is available on our website under "License Applications."
- If a "Mobility" checkbox appears that means the license type is eligible for an Automotive Mobility Endorsement. Please select this box if you sell adapted vehicles or sell/install/service adaptive equipment.
- Enter the dealer name that will appear on your signage. This name will need to be on all the documents included with your application.

BUSINESS PHYSICAL ADDRESS		
* Country:	UNITED STATES	v
* Address Line 1:		
Address Line 2:		
* Zip Code :		
* City:		
* State:	INDIANA	Y

- This is the physical location where you will be operating your business.
- This address needs to be on all documents you submit with your application.
- This is the only address our office will send mail to.* Please be sure there is a mail receptacle on the property.
- Each location requires its own license.

*An exception is available if your location is not serviced by USPS

IDENTIFICATION NUMBER	
* Federal Identification Number (FID):	
* Retail Merchant Number (TID):	
* Retail Merchant Location Number (LOC):	

The federal identification number (also called an employer identification number or EIN) is issued to your business by the IRS. It must be on the Retail Merchant Certificate you submit with your application.

BUSINESS LOCATION	
* The established place of business location is:	Eleased Owned
* Name of Lessor:	
Email address of Lessor:	
Phone Number of Lessor:	
Address of Lessor:	
* Country:	UNITED STATES
* Address Line 1:	
Address Line 2:	
* Zip Code:	
* City:	
* State:	INDIANA

- If your dealership location is leased, please provide the landlord's contact information.
- If you own the dealership location, these fields will disappear when you select "owned."

Navigation buttons



- Returns you to the homepage without saving any data
- If you select "cancel" while you're in a draft application, it will delete the draft

Save as Draft

- Returns you to the homepage after saving your data

Save and Continue

- Saves your data and moves you to the next page of the application



- You <u>cannot</u> jump forward through the application.
- You can jump back to view and edit sections you've already completed.

Business Entity Information

ENTITY TYPE			
Select the one that indicates your type of bu	isiness.		
Type of Business Entity:			
SOLE PROPRIETORSHIP		CORPORATION	
⊖ LLC	© LL₽	0 LP	
ENTITY INFORMATION			
* Legal Name of Business Entity:			
Country:		UNITED STATES	
		UNITED STATES	
Address Line 1:			
Address Line 2:			
Zip Code:			
Ly code:			
City:			
State:			
		INDIANA	

- If your business is an LLC or LLP, you must upload a copy of your certificate of organization issued by the Indiana Secretary of State.
- If your business is a corporation, you must upload a copy of your certificate of incorporation issued by the Indiana Secretary of State.
- If your business was organized or incorporated in a state other than Indiana, you must upload a copy of the out of state certificate and a certificate that your foreign business is registered to do business in the State of Indiana.

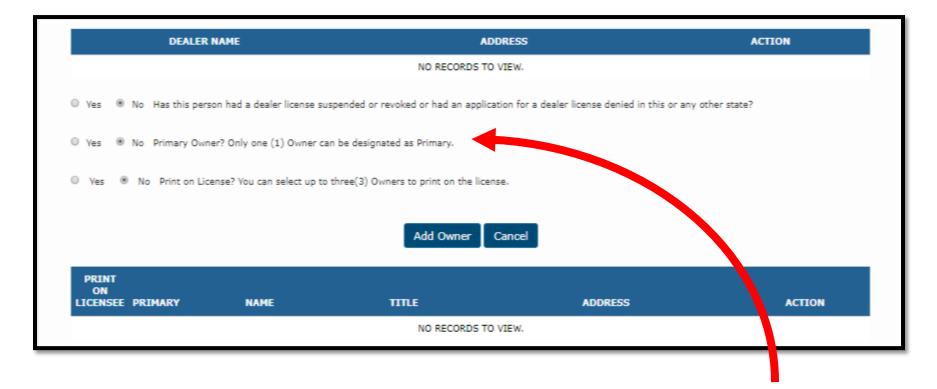
Owner + Manager Information

OWNER DETAILS		
* First Name:	1	
Last Name:		
Sufface	SELECT ¥	
* Title:	SELECT ¥	
* Vear of Birth:		
Last 4 SSN:		
E-mail:		
* Phone:	(XOX) XOX-XOXX	

- Every dealer owner and dealer manager must be disclosed.
- If an owner is a business entity, please include both the business <u>and</u> the individual that will be submitting to a background check on behalf of the business.
- To enter a business, please follow the below steps:
 - Last 4 digits of Social = last 4 digits of FIN
 - First name = First word or name in the business entity name
 - Last name = All remaining words/names in the business entity name.
 - If there is no second word/name, then just the entity type will go here (LLC, Inc., etc.)
 - If you run out of room, you can shift portions of the name into the First Name field as needed.
 - Phone = The phone number of the individual submitting to a background check on behalf of the business

ADDRESS	
Country:	UNITED STATES V
* Address Line 1:	
Address Line 2:	
* Zip Code:	
* City:	
* State:	INDIANA

- To enter a business, please follow the below steps:
 - Address Lines = Principal Office Address
 - Zip Code = Principal Office Address
 - City= Principal Office Address
 - State = Principal Office Address



- The person that is designated as the primary owner will control access to the dealership's online portal.
- The primary owner will <u>not</u> need to be responsible for the day-to-day management of the online portal. The primary owner will have a chance to delegate authority to administrators once the account has been set-up.

Service of Process + Insurance + Bond

SERVICE OF PROCESS (SOP)					
State the name and address (must be within Indiana) of the person upon whom legal services of process may be made.					
Owner:	SELECT	T			
* Name:					
* Title / Relationship to Applicant:					
* Phone:		Ext:			
* Address Line 1:					
Address Line 2:					
* Zip Code:					
* City:					
State:	INDIANA	Ŧ			

- If you have a Registered Agent, that is who you should list here.
- If you do not have a Registered Agent please provide the name and information of someone who can accept legal service on the dealership's behalf.

INSURANCE DETAILS			
* Name of Insurance Carrier or Risk Retention Group:	-SELECT-	¥	
* Policy Number:			
* Effective Date:	MM/DD/YYYY		
* Date of Expiration:	MM/DD/YYYY		
BOND DETAILS			
* Name of Bond Carrier:	-SELECT-	T	
* Bond Number:			
* Effective Date:	MM/DD/YYYY		
* Date of Expiration:	MM/DD/YYYY		

- You will upload proof of bond and insurance at the end of the application process.
- Insurance
 - Make sure the insured's name and address match the dealer name and address provided on your application and your signage.
 - The "Certificate Holder" section of the Certificate of Liability must read:

Indiana Secretary of State's Office Auto Dealer Services Division 302 W. Washington St., Room E-111 Indianapolis, IN 46204

- Bond
 - The principal name and address must match the dealer name and address provided on your application and your signage.
 - Both the bond company and the dealer owner must sign the form.

Hours of Operation + Franchise

FRANCHISE			
* Franchise:	-SELECT-	•	
Effective Date:	MM/DD/YYYY	Is Pending	
Add			
FRANCHISE	EFFECTIVE DATE	IS PENDING	ACTION
	NO RECORDS T	O VIEW.	

- This field will only appear if you are selling new vehicles
- Please select "Is Pending" if the manufacturer will not grant a franchise before you have obtained a dealer license

TICIPATED HOURS OF O	PERATION		
DAY OF WEEK	FROM HOURS	TO HOURS	
MONDAY		O	O BY APPOINTMENT
TUESDAY		O	O BY APPOINTMENT
WEDNESDAY		0	O BY APPOINTMENT
THURSDAY		0	O BY APPOINTMENT
FRIDAY		0	O BY APPOINTMENT
SATURDAY		0	O BY APPOINTMENT
SUNDAY		O	S BY APPOINTMENT

- Sunday sales are only permitted for non-self-propelled motor vehicles

Dealer + Interim Plates

				HOW MANY INTERIM PLATES?	ACTIONS
VES ® NO			○ YES ⑧ NO		Add Cancel
5	UESTED?	UESTED? PLATES?	UESTED? PLATES? MDC STICKER	UESTED? PLATES? MDC STICKER REQUESTED?	UESTED? PLATES? MDC STICKER REQUESTED? PLATES?

- You only need to select one "vehicle type" (1) selection for each license plate size/shape.
- **Example:** You do not need to make a selection for both "car" and "truck" because they both use a standard-sized license plate.
- You will be invoiced for plates after your license application has been approved.

Standard vehicle	Car
license plate	Truck
	RV
	Trailer
Motorcycle-sized	Motorcycle
license plate	Motor Driven Cycle A and B

SALES INFORMATION	
How many units do you expect to sell during the next twelve	ve (12) months?
* Wholesale:	0
* Retail:	0
* Number of full-time sales person directly involved with selling:	0
* Number of other full-time employees:	0

This information is used by our examiners to determine your dealer plate limits.

Signature

	LICENSE APPLICATION	- AFFIRMATION							
硷									
MY DASHBOARD					•			•	
	INFORMATION	DEALER	BUSINESS ENTITY	OWNER	SOP INSURANCE BOND	DEALERSHIP INFORMATION	DEALER PLATES	AFFIRMATION	DOCUMENTS
SERVICES	AFFIRMATION								
26 MY PROFILE	I hereby certify, are true and cor		perjury, that I am authorize	d to make this applic	ation and that the answers a	nd information contained in t	his application		
≣م									
FIND MY DEALER LICENSES	* Application	prepared by:							
FORMS		* Title:							
CONTACT US									
	Cancel				Save as Draft				Save and Continue

- You can jump back to any spot in the application to verify everything is correct.
- The required documents still need to be attached before the application is submitted to our office.

Required Documents

REQUIRED DOCUMENTS		
DOCUMENT TYPE	DOCUMENT	ACTIONS
BUSINESS ORGANIZATION DOCUMENT	Choose File No file chosen	Upload
CERTIFICATE OF ASSUMED NAME	Choose File No file chosen	Upload
CERTIFICATE OF EXISTENCE	Choose File No file chosen	Upload
INSURANCE CERTIFICATE	Choose File No file chosen	Upload
OWNER ID	Choose File No file chosen	Upload
рното	Choose File No file chosen	Upload
RETAIL MERCHANT CERTIFICATE	Choose File No file chosen	Upload
SURETY BOND	Choose File No file chosen	Upload
ZONING AFFIDAVIT	Choose File No file chosen	Upload
OTHER DOCUMENTS		
	Choose File No file chosen	Upload

- Additional documents and location photos can be uploaded here.
- You must select "Upload" to attach the document to the application.
- Each applicant has to submit photos of the following:
 - sales and storage lot
 - exterior advertising sign
 - o display area
 - o interior and exterior of the dealer office

Submitting and Tracking Your Application

窳	SHOPPING	CART					
MY DASHBOARD	INVOICE #	DEALER #	DEALER NAME	TRANSACTION TYPE	# OF UNITS	FEE	ACTION
	PENDING		TEST	LICENSE APPLICATION USED DEALER	1	\$30.00	Delete
Lo					SUB TOTAL:	\$30.00	
	Add Transa	action		Cancel	Mail Chec	k Proceed to Ch	eckout

- After you submit your application, you will be routed to this page
- You can pay online using a credit/debit card or e-check
- You also have the option of mailing a check. If you select this option please note the following:
 - We will not begin processing your license application until we have received the check.
 - Please include a note indicating what the check is for. We will return the payment (further delaying your application processing) if we cannot determine what the check is for.

RECENT	(View All)				
DEALER #	DEALER NAME	TRANSACTION TYPE	STATUS	WORK ORDER #	DATE
TBD	TEST	LICENSE APPLICATION USED DEALER	RECEIVED	2019181620-001	10/22/2019

You can track the status of your license application by viewing the Recent Transactions box on your dealer portal.

Once your application is submitted, a Licensing and Compliance Clerk will review application for completeness and be in contact regarding any deficiencies. Once deemed "complete," clerk will forward application to a Field Examiner who will more closely scrutinize whether or not the location meets all requirements. If approved by an examiner, application will be forwarded back to the clerk for license issuance. After the license has been issued, approved plates will be available for purchase through the dealer portal.