ARKANSAS MOTOR VEHICLE COMMISSION
101 E. Capitol, Suite 204
Little Rock, AR 72201
Phone: (501) 682-1428
Fax: (501) 682-5573
E-Mail: vicki.wright@arkansas.gov
Website: amvc.arkansas.gov

Type of License:
Check one

____Franchised Auto	$100.00
____Franchised RV / CT	$100.00
____Franchised Cycle / ATV	$100.00
____Specialty Vehicle	$100.00

Description of Facilities:

Type of Construction_____
Lease_____ Own_____

Entire Business Plot: sq. ft. _____Dimensions_____

Entire Bldg. Used: sq. ft. _____Dimensions_____

Showroom: sq. ft. _____Dimensions_____

Service Dept.: sq. ft. _____Dimensions_____

Parts Dept.: sq. ft. _____Dimensions_____

Used Vehicle Lot: sq. ft. _____Dimensions_____

Parking Lot: sq. ft. _____Dimensions_____

2013 INITIAL APPLICATION

Application will be returned if incomplete and all required documents are not received. See bottom of page 2.

The license will be mailed to the contact person at the address entered on this application.

Make sure the contact information, the mailing address, and the e-mail address is the correct information for each location.

Business Information:
Please Type or Print Clearly

Incorporated Name and/or Firm Name: _____

DBA Name: _____

Physical Address: _____City: _____Zip: _____County:_____

Mailing Address: _____ City: _____State: _____Zip:_____

Contact Person: _____Title:_____

Phone: (____) _____Ext: _____Fax: (_____) _____Email: _____

Website: _____

Franchise Information:

List the Manufacturer (s) or Distributor (s) with whom you have a franchise or dealer agreement. **Please specify if vehicles are Specialty Auto's, Specialty Cycles, LSV's, MC's, Scooter's, ATV's UV's, Carts, etc.**

Mfg/Dist Name_____Rep. Name_____
Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____
Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____
Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____
Vehicle Makes _____ _____ _____ _____

Read each question below and check the appropriate response.

Has any owner, partner, officer or business manager ever been refused a Motor Vehicle Dealer License or has his/her license been suspended or revoked? ___Yes ___ No

Has any owner, partner, officer or business manager ever been convicted of a felony? ___Yes ___No

Has any owner, partner, officer or business manager knowingly violated any law relating to the sale, distribution or financing of new motor vehicles? ___Yes ___No

Has any owner, partner, officer or business manager ever knowingly purchased, sold or otherwise acquired or disposed of a stolen motor vehicle? ___Yes ___No

Has any owner, partner, officer or business manager ever been convicted of odometer tampering? __Yes __No

If the answer to any of the above questions is YES, explain on a separate sheet (include names, dates and court jurisdictions).

Read and certify by signing below.

I hereby certify that the statements made herein or attached hereto are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

Date_____ Signature of Authorized Official_____
Typed/Printed Name & Title_____

All of the following documents must be submitted to the address on the first page of application.

1. Initial Application.
2. Copy of signed Franchise/Dealer agreement and a relevant market area statement.
3. Notarized Initial Affidavit.
4. Appropriate fee.
5. Original $25,000 bond for cycle dealers or $50,000 for all other dealers (notarized and signed).
6. Proof of Liability Coverage on all vehicles to be offered for sale in an amount equal to or greater than the amount required by the Motor Vehicle Safety Responsibility Act, §27-19-101 et. seq.
7. Color photos – Showroom, Parts & Service, Office, Lot & Sign.
8. Biography of each owner.
9. Sales Manager, General Manager, F&I Personnel and Sales Personnel license.
10. Contact Information Sheet.

Give the name of each owner, partner and/or officer of the business and percentage of ownership. Please include home addresses and home phone numbers.

Name: _____%: ____Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____%: ____Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____%: ____Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____%: ____Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____%: ____Title: _____ **Home Address:** _____
Home/Cell Phone: _____