Arkansas Motor Vehicle Commission

2013 INITIAL APPLICATION for MOTOR VEHICLE LESSOR LICENSE

Please type or print clearly

Incorporated Name and/or Firm Name: _____

D/B/A Name: _____

Physical Address: _____
City State Zip code County

Mailing Address: _____
Street /P.O. Box City State Zip code

Telephone: _____Fax: _____Web Address: _____

Contact Person: _____ Direct Phone: _____ Email: _____

General Manager: _____ Direct Phone: _____ Email: _____

Description of Facilities in which business will be conducted: Please refer to AMVC Rule 4(A)(1) & (2) for facility requirements.

A. Total Area - Entire Business Plot sq. ft. _____ Dimensions _____
B. Total Area - Entire Building Used sq. ft. _____ Dimensions _____
C. Total Area - Vehicle Parking Lot sq. ft. _____ Dimensions_____

Type of Business: Individual _____, Partnership _____ or Corporation (check one) _____ INC. / _____ LTD / _____ LLC

State name, home address and home telephone number of each owner/officer.

Name: _____% ownership: _____ Title: _____

Address: _____ Home/Cell Phone: _____

Name: _____% ownership: _____ Title: _____

Address: _____ Home/Cell Phone: _____

Name: _____% ownership: _____ Title: _____

Address: _____ Home /Cell Phone: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED BEFORE A LICENSE WILL BE ISSUED

A. Lessor Application and Affidavit
B. License Fee of $100.00
C. Original $25,000 Surety Bond with Original Power of Attorney
D. A typed, separate sheet listing all branch locations with license numbers.

NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPARATE APPLICATIONS WITH REQUIRED FEES.

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief, that the members of this organization are familiar with the provision of the law under with which this application is made; and that I, as proprietor, partner, or proper officer of the corporation, have authority to make the statements contained herein.

Date: _____ Signed By: _____
Authorized Signature

Signed By: _____
Typed/Printed Name of Signature **Title**

MAIL THIS APPLICATION, ALL REQUIRED DOCUMENTS AND FEE OF $100.00 ALONG WITH LESSOR BRANCH APPLICATION(S) FOR EACH BRANCH LOCATION, IF ANY, WITH FEES TO:

ARKANSAS MOTOR VEHICLE COMMISSION
101 EAST CAPITOL, SUITE 204
LITTLE ROCK, ARKANSAS 72201-3826
Website: amvc.arkansas.gov E-Mail: vicki.wright@arkansas.gov