Arkansas Motor Vehicle Commission

INITIAL APPLICATION for MOTOR VEHICLE LESSOR LICENSE

FIRM NAME:_____

Correct Name (*i.e.*, Incorporated, LLC, LTD, etc.) under which business will be conducted.

D/B/A NAME: _____

D/B/A Name under which business will be licensed.

PHYSICAL ADDRESS: _____

Location where business will be conducted County City State Zipcode

MAILING ADDRESS: _____

P. O. Box County City State Zipcode

TELEPHONE: _____**FAX:** _____

INTERNET ADDRESS: _____ **E-Mail:** _____

Description of Facilities in which business will be conducted:Leased _____ *OR* Owned ____

Type of Construction: _____

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

A. If a individual, state name, address and telephone of owner: _____

_____

B. If a partnership, state name, address and telephone of each partner, each partner's percentage of ownership and designate managing partner(s):_____

_____

_____

C. If corporation:

1. In what state incorporated: _____

2. If other than Arkansas, are you authorized to do business in the State _____ (yes or no)

3. List names, addresses and titles of officers, directors and managers and if owner, put percentage of ownership:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Will this be your primary occupation? _____ If No, explain fully: _____

_____

Is this PRIMARY LOCATION just being established or a change of ownership of an existing licensee? Please explain:

_____

_____

Have you or any of the principals ever been licensed by the Commission to act in any capacity in Arkansas? _____ If Yes, state name in which license was issued and the last effective year of license:

_____

_____

Has any license to you or any of the principals ever been denied, revoked or suspended by the Commission? _____. If Yes, state specific details, dates and findings, etc.:

_____

_____

Have you or any of the principals ever been convicted of violating the Arkansas Motor Vehicle Commission Act or Rules & Regulations or any crime other than a traffic violation? _____. If Yes, explain in full:

_____

_____

If you are convicted of any crime during the time you are licensed with the Commission, you are obligated to report the fact and nature of the conviction to the Commission immediately.

THE FOLLOWING INFORMATION/DOCUMENTS <u>MUST</u> BE SUBMITTED:

A. Lessor Application and Affidavit

B. License Fee of $100.00

C. Original $25,000 Surety Bond with Original Power of Attorney

D. List ALL BRANCH LOCATIONS:

NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPARATE APPLICATIONS WITH PROPER 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

NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPARATE APPLICATIONS WITH PROPER FEES. OFFICE MUST BE SEPARATE FROM AND NOT IN CONJUNCTION WITH OR RELATED TO ANY OTHER BUSINESS. A BUILDING OR RESIDENCE USED AS LIVING QUARTERS SHALL NOT BE CONSIDERED A COMMERCIAL PLACE OF BUSINESS.

MAIL THIS APPLICATION, AFFIDAVIT 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