

**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**

**2015 Renewal Application**

**Please indicate license number \_\_\_\_\_**

Found in the upper left corner of current license certificate

**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.**

**Type of License:**

\_\_\_\_ Franchised Cycle / ATV \$100.00

\_\_\_\_ Specialty Cycle \$100.00

**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: \_\_\_\_\_

**Type of Ownership:** (Check One) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Give the name of each owner, partner and/or officer of the business and percentage of ownership. Use additional sheets if necessary.

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:** \_\_\_\_\_

**Franchise Information:**

List the Manufacturer(s) or Distributor(s) with whom you have a franchise or dealer agreement. **Please specify if vehicles are MC's, Scooters, ATV's, UV's or Cart's.**

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 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 \_\_\_\_\_

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_  
Typed/Printed Name of Signature

\_\_\_\_\_  
Title

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

1. Renewal Application.
2. Copy of most current signed Franchise/Dealer agreement. Please attach a written statement if the most current agreements are on file at the Commission office.
3. Appropriate fee.
4. Contact Information Sheet.