

ARKANSAS MOTOR VEHICLE COMMISSION
900 West Capitol, Suite 400
Little Rock, AR 72201
Phone: (501) 682-1428
E-Mail: robert.galloway@arkansas.gov
Website: amvc.arkansas.gov

INITIAL USED BRANCH LOCATION

Used Branch License Fee \$ 25.00

- Must be within franchised dealer's relevant market area.
- No new motor vehicles may be displayed or offered for sale at branch location
- No franchise logos may be used.

Description of Facilities:

Type of Construction _____

Lease _____ Own _____

Entire Business Plot: sq. ft. _____ Dimensions _____

Entire Bldg. Used: sq. ft. _____ Dimensions _____

Used Vehicle Lot : sq. ft. _____ Dimensions _____

Parking Lot: sq. ft. _____ Dimensions _____

**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: _____

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).

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. Attach 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: _____

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 application.

1. Initial Application.
2. Appropriate fee.
3. Original \$25,000 surety bond form for branch location (notarized and signed).
4. 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.
5. Color photos of Office, Lot & Sign.
6. Appropriate employee applications.
7. Contact Information Sheet.

Arkansas Motor Vehicle Commission
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Little Rock, AR 72201
(501) 682-1428 (phone) Website: www.amvc.arkansas.gov
E-Mail: robert.galloway@arkansas.gov



DEALERSHIP CONTACT INFORMATION SHEET

The Commission may need to contact your dealership regarding the following matters.
List the appropriate contact information.

Please notify the Commission if the contact information changes in between renewals.

Dealership Renewal Contact Name:

Phone #:

E-Mail Address:

General Manager Contact Name:

Phone#:

E-Mail Address:

Sales Personnel Initial/Renewal Contact Name:

Phone #:

E-Mail Address:

Advertising Contact Name:

Phone#:

E-Mail Address:

Mfg./Dist. Programs Contact Name:

Phone#:

E-Mail Address:

Consumer Complaint Contact Name:

Phone#:

E-Mail Address:

SURETY BOND

NEW MOTOR VEHICLE DEALER BRANCH LOCATION FOR USED VEHICLES

Bond Number: _____

KNOW ALL MEN BY THESE PRESENTS:

THAT we, _____ / _____,
Incorporated Name and/or Firm Name DBA Name

PRINCIPAL/LICENSEE, Street Address _____, City of _____
Physical Location

County of _____, State of Arkansas and the _____
Surety / Insurance Company

a Surety Insurance Company qualified and authorized by the Arkansas Insurance Commissioner to do business, as Surety, in the State of Arkansas, are held and firmly bound unto the State of Arkansas to indemnify any and all persons, firms and corporations for any loss sustained by acts of the PRINCIPAL/LICENSEE when those acts constitute grounds for the suspension or revocation of the license; and by reason of violation of the PRINCIPAL/LICENSEE of conditions hereinafter contained, in the penal sum of twenty-five thousand dollars (\$25,000) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that WHEREAS, the said PRINCIPAL/LICENSEE is applying for/has received a license to do business as a NEW MOTOR VEHICLE DEALER OR MOTOR VEHICLE LESSOR within the State of Arkansas. NOW, THEREFORE, if the PRINCIPAL/LICENSEE shall faithfully observe and comply with all the requirements of A.C.A. Section 23-112-101, et seq. as amended, of the laws of the State of Arkansas, and indemnify for any loss sustained by any person by reason of the acts of the PRINCIPAL/LICENSEE bonded when such acts constitute grounds for the suspension or revocation of the license, then this obligation of the Surety to be void, otherwise this bond is to remain in full force and effect and shall not be extinguished. Any liability which accrues while this bond is in force and is in effect shall remain and shall not be extinguished, regardless of the cancellation of this bond, as set forth herein. The proceeds of the bond shall be paid upon receipt by the State of Arkansas of a final judgment from an Arkansas court of competent jurisdiction against the PRINCIPAL/LICENSEE and in favor of an aggrieved party.

The total liability of the Surety for all claimants, regardless of the number of years this bond is in force, or has been in effect, shall not exceed the amount of the bond.

The Surety shall have the right to cancel this bond by filing thirty (30) days prior written notice of such cancellation with the PRINCIPAL/LICENSEE and the ARKANSAS MOTOR VEHICLE COMMISSION, 900 West Capitol, Suite 400, Little Rock, Arkansas 72201-3826.

DATED THIS _____ day of _____, 20_____.

PRINCIPAL/LICENSEE (Please print or type)

SURETY OR INSURANCE COMPANY NAME

ORIGINAL SIGNATURE OF PRINCIPAL/LICENSEE

ATTORNEY-IN-FACT & RESIDENT AGENT (Please print or type)

SIGNATURE OF ATTORNEY-IN-FACT & RESIDENT AGENT

SEAL