



**LOUISIANA USED MOTOR VEHICLE COMMISSION**

3132 Valley Creek Drive  
Baton Rouge, Louisiana 70808  
MAIN# (225) 925-3870 FAX # (225) 925-3869  
www.lumvc.louisiana.gov

**ADDITIONAL LOCATION INSTRUCTIONS FOR USED MOTOR VEHICLE DEALER**

1. Complete, sign, and return the enclosed used motor vehicle dealer application indicating the additional location.
2. Complete, sign, and return salesperson application (s) for the additional location. You must have at least one (1) salesperson at each location.
  - If a salesperson is being transferred from your primary location, no application is needed. However, you must submit it in writing which salesperson will be working at which location.
3. Must have a business telephone listed in the business name and installed at the additional location. **NO CELLULAR PHONES.** The business name and phone number must be listed with 411 Nationwide Directory Assistance.
4. Complete the top portion of the enclosed zoning form indicating that you can operate this type of business at the additional location. Please have the bottom portion of this form completed and signed by the zoning authority in your area.
5. Submit a photograph of your permanently affixed business sign stating the trade. The sign must be a minimum of 16 square feet (4' x 4') and subject to all zoning laws. This sign must be at your additional location.
6. Submit a Surety Bond. This must be a NEW and separate bond from your primary location. You must secure a \$20,000.00 surety bond (if you sell 119 units or less in a twelve month period) or a \$35, 000.00 surety bond (if you sell 120 units or more in a twelve month period). The bond must be executed on our bond form. Originals, emails, and/or faxes will be accepted.
7. Submit an Accord Certificate of Insurance listing the additional location and all insured salespeople.
8. Remit appropriate fees. (Cash, check, cashier's check, or money order)
  - Additional Location (2 year license).....\$200.00
  - Salesperson.....\$25.00
  - Criminal background check (if applicable).....\$35.00
9. A physical inspection will be conducted after all above requirements are submitted and applications are processed.



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FOR OFFICE USE ONLY

Current License #

Current License #

Table with 2 columns: Field Name (R#, License #, Date Issued) and Value

APPLICATION FOR DEALER LICENSE FOR YEAR 20\_\_ - \_\_

INITIAL RENEWAL

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a license.

SECTION ONE: DEALERSHIP INFORMATION

Form with fields: DEALERSHIP NAME, BUSINESS PHONE, PHYSICAL ADDRESS, CITY, ZIPCODE, PARISH, MAILING ADDRESS, EMAIL ADDRESS, OFFICE HOURS, DAYS

SECTION TWO: TYPE OF LICENSE(S) AND TYPE OF BUSINESS

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR. YOU MUST SUBMIT THE CORRECT AMOUNT FOR EACH LICENSE TYPE. EACH ADDITIONAL LICENSE TYPE REQUIRES AN ADDITIONAL FEE. CHECK EACH TYPE OF BUSINESS YOU PLAN ON OPERATING.

- USED DEALERS LICENSE (\$400.00 FEE)
USED CARS AND TRUCKS
USED BOATS
USED BOAT MOTORS
USED TRAILERS
USED MOTORCYCLES
USED MOTORHOMES
BROKER
USED ATV/OFF ROAD
BUSES/FIRETRUCKS/WRECKERS
AUCTION (\$400 FEE)
PUBLIC
WHOLESALE (DEALER)
SALVAGE
USED PARTS & ACCESSORIES (\$400 FEE)
CRUSHER (\$400 FEE)
AUTOMOTIVE DISMANTLER & PARTS RECYCLER (\$400 FEE)
DAILY RENTAL (\$400 FEE)
USED CARS AND TRUCKS
USED BOATS
USED BOAT MOTORS
USED TRAILERS
USED MOTORCYCLES
USED MOTORHOMES
BROKER
USED ATV/OFF ROAD
RENT WITH THE OPTION TO PURCHASE (\$400 FEE)
USED CARS AND TRUCKS
USED BOATS
USED BOAT MOTORS
USED TRAILERS
USED MOTORCYCLES
USED MOTORHOMES
BROKER
USED ATV/OFF ROAD

SECTION THREE: TYPE OF OWNERSHIP

CHECK ONLY ONE

- SOLE PROPRIETOR
CORPORATION (CORP)
LIMITED LIABILITY COMPANY (LLC)
PARTNERSHIP
LIMITED PARTNERSHIP (LP)
LIMITED LIABILITY PARTNERSHIP (LLP)

ENTITY NAME (IF APPLICABLE)

SECTION FOUR: OWNERSHIP INFORMATION

COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS. YOU MAY INCLUDE ADDITIONAL SHEETS IF NECESSARY.

Form for first owner: NAME OF PERSON, DATE OF BIRTH, SOCIAL SECURITY #, HOME ADDRESS, TELEPHONE, DRIVER'S LICENSE #, U.S. CITIZEN?

Form for second owner: NAME OF PERSON, DATE OF BIRTH, SOCIAL SECURITY #, HOME ADDRESS, TELEPHONE, DRIVER'S LICENSE #, U.S. CITIZEN?

**SECTION FIVE: BACKGROUND INFORMATION**

HAVE ANY OF THE APPLICANTS LISTED IN SECTION FOUR EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC VIOLATION WITHIN THE PAST TEN (10) YEARS?

- YES
- NO

IF YES, COMPLETE THE FOLLOWING (ATTACH ADDITIONAL SHEET IF NEEDED)

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

**SECTION SIX: GENERAL INFORMATION**

1. HAVE YOU OR ANY AFFILIATED OWNERS EVER BEEN KNOWN BY AND/OR USED ANY NAME(S) OTHER THAN THE NAME(S) APPEARING ON THIS APPLICATION?

- YES; IF YES, GIVE NAMES. \_\_\_\_\_
- NO

2. HAVE YOU OR ANY AFFILIATED OWNERS EVER BEEN LICENSED AS A DEALER OR SALES-RELATED IN LOUISIANA?

- YES; IF YES, GIVE NAME, DEALERSHIP NAME, AND DATE: \_\_\_\_\_
- NO

3. HAVE YOU OR ANY AFFILIATED OWNERS EVER HAD A PREVIOUS DEALER OR SALES-RELATED LICENSE THAT WAS DENIED, SUSPENDED, OR REVOKED?

- YES; IF YES, GIVE NAME, DEALERSHIP NAME, AND DATE: \_\_\_\_\_
- NO

4. ARE YOU OR ANY AFFILIATED OWNERS RELATED TO ANYONE FROM THE USED CAR INDUSTRY WHOSE LICENSE HAS BEEN DENIED, SUSPENDED, OR REVOKED?

- YES; IF YES, GIVE NAME AND THEIR DEALERSHIP NAME: \_\_\_\_\_
- NO

5. DO YOU PRESENTLY SELL EXTENDED WARRANTY CONTRACTS OR PRODUCT WARRANTIES?

- YES; IF YES, NAME OF COMPANY: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_
- NO

6. DO YOU HOLD A FINANCE LICENSE?

- YES; IF YES, GIVE NAME: \_\_\_\_\_ FINANCE NUMBER: \_\_\_\_\_
- NO

7. HAS A REPRESENTATIVE OF THE DEALERSHIP COMPLETED THE 4 HOUR EDUCATIONAL SEMINAR?

- YES; IF YES, GIVE DATE: \_\_\_\_\_
- NO; IS REPRESENTATIVE SCHEDULED FOR SEMINAR? GIVE DATE: \_\_\_\_\_

8. DATE THIS BUSINESS WAS ESTABLISHED: \_\_\_\_\_

**ATTESTATION**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE.

ANY FALSE ANSWER IS A CRIMINAL OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5,000.00 OR IMPRISONMENT NOT TO EXCEED 4 YEARS OR BOTH.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE mm/dd/yyyy

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA USED MOTOR VEHICLE COMMISSION.



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Current License #

R#
Dealer #
SM #
Date Issued

**APPLICATION FOR SALESPERSON'S LICENSE FOR YEAR 20**

**INITIAL**       **RENEWAL**

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a Salesperson License. **SALESPERSON LICENSE FEE IS \$25.00.**

**SECTION ONE: INDIVIDUAL INFORMATION**

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY #	
RESIDENCE ADDRESS		CITY	STATE	ZIPCODE		DATE OF BIRTH mm/dd/yyyy
HOME TELEPHONE	CELLULAR PHONE	EMPLOYMENT DATE	DRIVER'S LICENSE #		RACE	GENDER
U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) AND DRIVER'S LICENSE.						

**SECTION TWO: DEALERSHIP INFORMATION**

DEALERSHIP NAME	DEALERSHIP ADDRESS	CITY	ZIPCODE
DEALER LICENSE #	TELEPHONE	PARISH	

**SECTION THREE: GENERAL INFORMATION**

- HAVE YOU EVER APPLIED FOR A SALESPERSON LICENSE THAT WAS DENIED?  
 YES; IF YES, GIVE DATE(S): \_\_\_\_\_  
 NO
- HAVE YOU EVER HELD A DEALER OR SALESPERSON LICENSE THAT WAS DENIED, SUPSENDED, OR REVOKED?  
 YES; IF YES, GIVE DEALERSHIP NAME AND DATE: \_\_\_\_\_  
 NO
- ARE YOU RELATED TO ANYONE FROM THE USED CAR INDUSTRY WHOSE LICENSE HAS BEEN DENIED, SUSPENDED, OR REVOKED?  
 YES; IF YES, GIVE NAME(S): \_\_\_\_\_  
 NO
- HAVE YOU EVER ATTENDED THE 4 HOUR EDUCATIONAL SEMINAR?  
 YES; IF YES, GIVE DATE: \_\_\_\_\_  
 NO
- ARE YOU GOING TO DRIVE ANY OF THE VEHICLES ON OR OFF THE LOT?  
 YES  
 NO

**SECTION FOUR: EMPLOYMENT HISTORY**

- HAVE YOU EVER HAD A PREVIOUS DEALER OR SALESPERSON LICENSE?
- YES; IF YES, COMPLETE THE FOLLOWING:  
 NO

NAME OF DEALERSHIP	DEALERSHIP ADDRESS	DATES OF LICENSE

**SECTION FIVE: BACKGROUND HISTORY**

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC VIOLATION WITHIN THE PAST TEN (10) YEARS?

- YES; IF YES, DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_
- NO

**NOTE: IF YES, YOU MUST SUBMIT AN ADDITIONAL FEE OF \$35.00 FOR A CRIMINAL BACKGROUND CHECK.**

**ATTESTATION**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE.

ANY FALSE ANSWER IS A CRIMINAL OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5,000.00 OR IMPRISONMENT NOT TO EXCEED 4 YEARS OR BOTH.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE mm/dd/yyyy

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

**PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA USED MOTOR VEHICLE COMMISSION.**

**STATE OF LOUISIANA**  
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BOND FOR VEHICLE DEALERS

BOND NO. \_\_\_\_\_

PRINCIPAL	OWNERSHIP (Name of Individual, Partners, Corporation—an individual cannot do business as a corporation, LLC, or LLP)
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TRADE NAME OF BUSINESS (Must read exactly the same as on application and picture.) \_\_\_\_\_

PHYSICAL LOCATION OF BUSINESS (No. Street, Town/City, Zip Code—Do not put mailing address.) \_\_\_\_\_

OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate <input type="checkbox"/> LLP <input type="checkbox"/> LLC	IF CORPORATE, LLP OR LLC, SHOW STATE OF DOMICILE
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Amount of Bond     \$20,000.00 (if you sell 119 units or less within a twelve month period)  
 Amount of Bond     \$35,000.00 (if you sell 120 units or more within a twelve month period)

Parish of \_\_\_\_\_, State of Louisiana, as principal (hereinafter called principal), AND

SURETY: \_\_\_\_\_  
(Name of Surety)

(Home Office Address of Surety)

(hereinafter called Surety), are held and firmly bound unto, the State of Louisiana, through the Louisiana Used Motor Vehicle Commission, or its successor in office, in the sum of \$20,000.00 or \$35,000.00 for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such that:

WHEREAS, the above named principal has made to the obligee hereunder application for a license, under Chapter 4 of Title 32 of the Louisiana Revised Statutes of 1950 to engage in business as a Vehicle Dealer as defined by the various sections of Chapter 4 of Title 32 of the Louisiana Revised Statutes of 1950 as amended.

WHEREAS, the above named principal is required as a condition precedent to his appointment as such dealer to deliver annually to the obligee hereto a good and sufficient surety bond for the license period for the payment of all loss, damages and expenses that may be occasioned by reason of the failure to conform to any law relating to the proper disposition of license, tags, or title and shall also indemnify any person who suffers any loss by reason of a failure to observe the provisions of the law relating to sales tax, license, tags, or title and shall also indemnify any person who suffers any loss, damages, and expenses by reason of a failure to deliver title and for the proper disposition of all taxes, licenses, and registration fees, and including, but not limited to laws relating to penalties and hearing costs as assessed by and on behalf of the Used Motor Vehicle Commission.

NOW THEREFORE, if the above named principal shall pay or cause to be paid to any person who suffered any loss by reason of a failure to observe the provisions of the law relating to sales tax, license, tags, title, registration fees, for the failure to deliver title, or for penalties and hearing costs as assessed by and on behalf of the Used Motor Vehicle Commission then this obligation shall be void, otherwise to remain in full force and effect.

The bond becomes effective as of \_\_\_\_\_, 20\_\_\_\_\_, in support of a license issued for the term ending December 31, 20\_\_\_\_\_ and may be continued by certificate each year in support of any license issued for any subsequent year.

Provided, however, that the aggregate liability of the surety hereunder shall in no event, in any one year exceed the sum of such bond.

Provided, further, the surety shall have the right to terminate its liability hereunder by serving written notice of its election so to do, by United States registered mail, upon the Commission and upon the principal, and thereupon the surety shall be discharged from any future liability hereunder for any default of the principal, after the expiration of thirty days from and after service of such notice.

IN FAITH WHEREOF, we have signed these presents at the place and on the date hereinafter indicated.

WITNESSES	PRINCIPAL (Name of Dealer)
	SIGNED BY _____ TITLE _____
SIGNED AT (City, State)	DATE _____
WITNESSES	SURETY (Name of Surety)
	SIGNED BY _____
SIGNED AT (City, State)	DATE _____
COUNTERSIGNATURE (LA Res. Agent, If Necessary)	

\*ORIGINAL POWER OF ATTORNEY MUST BE ATTACHED FOR SURETY SIGNATURE.



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## ZONING VERIFICATION

(Please print or type)

We hereby verify that the property located at:

\_\_\_\_\_  
 (Physical address as listed on application)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Parish)

\_\_\_\_\_  
 (Zip)

Upon which \_\_\_\_\_ is Situated,  
 (Name of business)

**Check One:**

- ( ) Is Zoned; Zoning Code: \_\_\_\_\_  
 ( ) Is NOT Zoned

This is permissible and proper for the operation of:

**Check which Applies:**

- ( ) A Used Motor Vehicle Dealer  
 ( ) A Automotive Dismantler and Parts Recycler  
 ( ) A Motor Vehicle Crusher  
 ( ) A Used Parts Dealer

\_\_\_\_\_  
 Print Zoning Authority Name

\_\_\_\_\_  
 Official Title

\_\_\_\_\_  
 Zoning Authority Signature

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

\*Pursuant to the Americans with Disabilities Act, assistance will be provided on completing any form required by the Louisiana Used Motor Vehicle Commission.