



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 ADJACENT LOCATION INSTRUCTIONS FOR USED MOTOR VEHICLE DEALER

1. Complete, sign, and return the enclosed used motor vehicle dealer application indicating the additional adjacent location.
2. Submit a copy of your current Surety Bond for your primary location.
3. Submit an updated Accord Certificate of Insurance adding the additional adjacent location address.
4. Complete the top portion of the enclosed zoning form indicating that you can operate this type of business at the additional adjacent 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. Sign must state the trade name and should indicate phone number and/or address of main location. The sign must be a minimum of 16 square feet (4' x 4') and subject to all zoning laws. This sign must be displayed at your additional adjacent location.
6. Remit appropriate fees. (Cash, check, cashier's check, or money order, made payable to Louisiana Used Motor Vehicle Commission)
 - Additional Adjacent Location (2 year license).....\$200.00
7. A physical inspection will be conducted after all above requirements are submitted and applications are processed.



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

FOR OFFICE USE ONLY

Current License #
Current License #

R#
License #
Date Issued

APPLICATION FOR DEALER LICENSE FOR YEAR 20__ - __

- INITIAL APPLICATION
RENEWAL APPLICATION
ADDITIONAL LOCATION
ADDITIONAL ADJACENT LOCATION

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
DEALERSHIP NAME BUSINESS PHONE
PHYSICAL ADDRESS CITY ZIPCODE PARISH
MAILING ADDRESS CITY ZIPCODE PARISH
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
USED ATV/OFF ROAD
AUCTION (\$400 FEE)
PUBLIC
WHOLESALE (DEALER)
SALVAGE
USED PARTS & ACCESSORIES (\$400 FEE)
CRUSHER (\$400 FEE)
AUTOMOTIVE DISMANTLER & PARTS RECYCLER (\$400FEE)
DAILY RENTAL (\$400 FEE)
USED CARS AND TRUCKS
USED BOATS
USED BOAT MOTORS
USED TRAILERS
USED MOTORCYCLES
USED MOTORHOMES
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
USED ATV/OFF ROAD

SECTION THREE: TYPE OF OWNERSHP

- CHECK ONLY ONE
SOLE PROPRIETOR / INDIVIDUAL
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.

NAME OF PERSON DATE OF BIRTH mm/dd/yyyy SOCIAL SECURITY #
HOME ADDRESS TELEPHONE DRIVER'S LICENSE #
U.S. CITIZEN? YES NO (IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT & BACK) AND DRIVER'S LICENSE)
NAME OF PERSON DATE OF BIRTH mm/dd/yyyy SOCIAL SECURITY #
HOME ADDRESS TELEPHONE DRIVER'S LICENSE#
U.S. CITIZEN? YES NO (IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT & BACK) AND DRIVER'S LICENSE)

SECTION FIVE: BACKGROUND INFORMATION

HAVE ANY OF THE APPLICANTS LISTED IN SECTION FOUR EVER BEEN CONVICTED OR PLED GUILTY OF A FELONY 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 SALESPERSON 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 SALESPERSON 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.



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

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:

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