



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. 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 \$50,000.00 surety bond. 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 by cash, check, cashier's check, or money order, made payable to Louisiana Used Motor Vehicle Commission.
 - 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.

BE ADVISED THAT AN INFORMATION CHANGE PACKET IS NOT COMPLETE UNLESS ALL REQUIRED DOCUMENTS ARE COMPLETED, SUBMITTED, AND ALL FEES ARE PAID IN FULL.

Please email any questions you may have to info@lumvc.louisiana.gov or your Administrative Coordinator. You may also visit our website at www.lumvc.louisiana.gov for additional information or forms.

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FOR OFFICE USE ONLY

Current License #
Current License #

R#
License #
Date Issued

APPLICATION FOR DEALER LICENSE FOR YEAR 20__ - __

<input type="checkbox"/> INITIAL APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION	<input type="checkbox"/> ADDITIONAL LOCATION	<input type="checkbox"/> ADDITIONAL ADJACENT LOCATION
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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.

- | | |
|---|---|
| <input type="checkbox"/> USED DEALERS LICENSE (\$400 FEE) <ul style="list-style-type: none"><input type="checkbox"/> USED CARS AND TRUCKS<input type="checkbox"/> USED BOATS<input type="checkbox"/> USED BOAT MOTORS<input type="checkbox"/> USED TRAILERS<input type="checkbox"/> USED MOTORCYCLES<input type="checkbox"/> USED MOTORHOMES<input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<input type="checkbox"/> USED BUSES, FIRETRUCKS, WRECKERS | <input type="checkbox"/> DAILY RENTAL (\$400 FEE) <ul style="list-style-type: none"><input type="checkbox"/> USED CARS AND TRUCKS<input type="checkbox"/> USED BOATS<input type="checkbox"/> USED BOAT MOTORS<input type="checkbox"/> USED TRAILERS<input type="checkbox"/> USED MOTORCYCLES<input type="checkbox"/> USED MOTORHOMES<input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<input type="checkbox"/> USED BUSES, FIRETRUCKS, WRECKERS |
| <input type="checkbox"/> AUCTION (\$400 FEE) <ul style="list-style-type: none"><input type="checkbox"/> PUBLIC<input type="checkbox"/> WHOLESALE (DEALER)<input type="checkbox"/> SALVAGE | <input type="checkbox"/> RENT WITH THE OPTION TO PURCHASE (\$400 FEE) <ul style="list-style-type: none"><input type="checkbox"/> USED CARS AND TRUCKS<input type="checkbox"/> USED BOATS<input type="checkbox"/> USED BOAT MOTORS<input type="checkbox"/> USED TRAILERS<input type="checkbox"/> USED MOTORCYCLES<input type="checkbox"/> USED MOTORHOMES<input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<input type="checkbox"/> USED BUSES, FIRETRUCKS, WRECKERS |
| <input type="checkbox"/> USED PARTS & ACCESSORIES (\$400 FEE) | |
| <input type="checkbox"/> CRUSHER (\$400 FEE) | |
| <input type="checkbox"/> AUTOMOTIVE DISMANTLER & PARTS RECYCLER (\$400 FEE) | |
| <input type="checkbox"/> CATALYTIC CONVERTER (\$400 FEE) | |

SECTION THREE: TYPE OF OWNERSHIP

CHECK ONLY ONE

SOLE PROPRIETOR / INDIVIDUAL
PARTNERSHIP

CORPORATION (CORP)
LIMITED PARTNERSHIP (LP)

☐ LIMITED LIABILITY COMPANY (LLC)
LIMITED LIABILITY PARTNERSHIP (LLP)

ENTITY NAME (IF APPLICABLE)

SECTION FOUR: TYPE OF OWNERSHIP

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.

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SM.

R#
Dealer #
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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 Salesman 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
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.						
EMAIL ADDRESS						

SECTION TWO: DEALERSHIP INFORMATION

DEALERSHIP NAME	DEALERSHIP ADDRESS	CITY	ZIPCODE
DEALER LICENSE #	TELEPHONE	PARISH	

SECTION THREE: GENERAL INFORMATION

- HAVE YOU EVER APPLIED FOR A SALESMAN LICENSE THAT WAS DENIED?
☐ YES; IF YES, GIVE DATE(S): _____
☐ NO
- HAVE YOU EVER HELD A DEALER OR SALESMAN 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 SALESMAN LICENSE?

- ☐ YES; IF YES, COMPLETE THE FOLLOWING:
☐ NO

NAME OF DEALERSHIP	DEALERSHP ADDRESS	DATES OF LICENSE

SECTION FIVE: BACKGROUND HISTORY

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OF A FELONY 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 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.



STATE OF LOUISIANA
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The text of this official Louisiana Used Motor Vehicle Commission form is NOT to be altered.

BOND FOR USED MOTOR VEHICLE DEALERS

BOND NO. _____

PRINCIPAL	OWNERSHIP (Name of Individual, Partners, Corporation – an individual cannot do business as a Corporation, LLC, or LLP)
TRADE NAME/ASSUMED NAME OF BUSINESS (Must be completed for individuals and entities doing business under a name other than the above entity name. The name must read exactly the same as on the application and business sign.)	
PHYSICAL LOCATION OF BUSINESS (Number, Street, Town/City, Zip Code –Do not put mailing address)	
OWNERSHIP TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	IF CORPORATION, LLC, OR LLP, STATE OF DOMICILE

STATE OF LOUISIANA
PARISH / COUNTY OF _____, (hereinafter “Dealer” or “Principal”) as Principal and
(hereinafter “Surety”) _____
(Name of Surety)

(Home Office Address of Surety)

, as Surety, hereby firmly bind ourselves, our heirs, executors and administrators unto the State of Louisiana through the Louisiana Used Motor Vehicle Commission, or its successor in office (“Commission”), for the faithful performance of Principal, of the duties incumbent upon Principal as a Used Motor Vehicle Dealer (“Dealer”) under the provisions of Chapter 4-C of Title 32 of the Louisiana Revised Statutes of 1950 as amended (“Chapter 4-C”) and other applicable laws.

This Bond given to satisfy the requirements of La. R.S. 32:791 shall be in the amount of **\$50,000** per calendar year and shall be effective as of _____, 20_____, in support of a license issued for the term ending December 31, 20_____. This Bond may be continued by certificate duly signed and sealed by the Surety, subject to the terms and conditions of this Bond.

This Bond shall be payable to the Commission upon presentation of a final Commission order or documentation showing any loss, damage or expense relating to: (a) the proper disposition of taxes, license fees, tags, or certificates of title, (b) loss by any purchaser of a used motor vehicle who suffers loss, damage, or expense due to the failure of the Principal to comply with any law relating to the registration of a used motor vehicle, the payment of sales tax, and obtaining a license tag or certificate or registration, including but not limited to the failure of the Principal to deliver a certificate of title or remit any tax, license, or registration fee; (c) restitution imposed by the Commission in accordance with La. R.S. 32:785(B)(6); (d) unpaid penalties, fines, and hearing costs imposed by the Commission not to exceed \$25,000; and (e) attorney fees or court costs assessed pursuant to La. R.S. 32:783.

In the event Principal shall faithfully discharge and perform the duties incumbent on Principal under the provisions of Chapter 4-C and other applicable laws during the license period, then in such case Surety’s obligation shall become null and void; else this Bond shall remain in full force, effect.

Surety’s obligations under this Bond may be continued for any subsequent license term by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of this Bond.

In faith whereof, we have signed these presents at the place and on the date hereinafter indicated.

PRINCIPAL (Name of Dealer):	SURETY (Name of Surety):
SIGNED BY:	*SIGNED BY:
TITLE:	
DATE:	DATE:

*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:

- () Used Motor Vehicle Dealer
() Automotive Dismantler and Parts Recycler
() Motor Vehicle Crusher
() Used Parts Dealer / Catalytic Converter
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.