

MOPED DEALER TWO YEAR LICENSE APPLICATION

MV2861 10/2018 Ch. 218 Wis. Stats.

Amending Current License Information

Wisconsin Department of Transportation
Dealer Section
4822 Madison Yards Way
P.O. Box 7909
Madison, WI 53707-7909

FOR OFFICE USE ONLY

Issued	Expires
Legal Name	
(Area Code) Telephone Number	
If Previously Licensed, Give Year and License Number	
Trade Name(s) or DBAs	
Federal Employer Identification Number (FEIN)	
Street Address or RFD	Post Office Box Number
City	State
ZIP Code	County where business located
Business Entity	If Corporation or LLC, Date Licensed in Wisconsin
<input type="checkbox"/> Association <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	State of Incorporation or Organization
Name: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	

Address of NONADJACENT Sales Location in SAME MUNICIPALITY

Branch: _____ Sublot: _____

Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members
Complete an Entity/Owner Statement (Form MV2844) for each individual listed.

Was there a licensed dealer at this same location previously this year? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name dealer _____ Have you, as an individual and your above-named firm, been licensed as a dealer before? <input type="checkbox"/> No <input type="checkbox"/> Yes, Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes Has your motor vehicle dealer license ever been denied, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, When and what state? _____ Are you licensed as a motor vehicle salvage dealer at same location? <input type="checkbox"/> No <input type="checkbox"/> Yes, Give license number _____	Do you own and operate your own service department? <input type="checkbox"/> Yes <input type="checkbox"/> No, Attach completed service agreement Complete ONE of the following (whichever applicable): Is business real estate owned by: <table style="margin-left: 20px;"> <tr> <td>Owner of sole proprietorship</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td rowspan="4" style="vertical-align: middle; padding-left: 20px;">If no, send copy of lease.</td> </tr> <tr> <td>One partner of partnership</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Corporate dealership</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>LLC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Owner of sole proprietorship	YES	NO	If no, send copy of lease.	One partner of partnership	<input type="checkbox"/>	<input type="checkbox"/>	Corporate dealership	<input type="checkbox"/>	<input type="checkbox"/>	LLC	<input type="checkbox"/>	<input type="checkbox"/>
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Number of vehicles sold at RETAIL in last 12 month period <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">NEW</td> <td style="width:50%; border-bottom: 1px solid black;">USED</td> </tr> </table> License Numbers of Additional Dealerships Completely describe other business, if any, engaged in by your firm - Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes	NEW	USED	Sales Tax Seller Permit Number _____ Dealer License (Required fee)\$40.00 _____ Dealer License Plates Required only if moped is operated on public highways or streets First 2 plates = \$150.00 _____ Number of additional plates _____ @ \$10.00 _____ List letters of all missing plates _____ Replacement License Plates for lost, damaged, or illegible plates each plate \$4.00 _____ CHECK PAYABLE TO: REGISTRATION FEE TRUST \$ _____
NEW	USED		

I, the undersigned, certify under penalty of s.345.17 Wisconsin Statutes, that: (1) A lease agreement covering at least the licensing year has been executed, if premises are not owned by applicant, and; (2) The answers and statements on this application are true and correct to the best of my knowledge.

See reverse side.

X _____
 (Authorized Dealership Agent, Title) (Date)

**Following Applies to First-time Dealer Applicant or
Application for Amended License Because of
Business Relocation or Ownership Change**

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A.
If business is located in a town, complete both sections A and B.

Section A

1. Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____
(Signature) (Official Title) (Municipality)

2. Check one box and sign below:

A local permit or license is required and has been issued.

A local permit or license is not required.

X _____
(Signature) (Official Title) (Municipality)

Section B

County Zoning Approval - required only if business is located in a town.

Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____
(Signature) (Official Title) (County)

If business address on reverse side does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.
