RECREATIONAL VEHICLE DEALER								Wisconsin Department of Transportation Dealer Section				
TWO YEAR LICENSE APPLICATION MV2187 3/2021 Ch. 218 Wis. Stats. FO Issued					FOR O	OR OFFICE USE ONLY Expires			PO Box 7909 Madison, WI 53707-7909			
Submit in duplicate.	Amending Curl License Inform	Expires			IVIC	adison, vvi	33707-730	,,,				
Legal Name		<u>'</u>		Area Code - T	Area Code - Telephone Number Dealer License Number							
Trade Name(s) or DBAs					Federa	Employer Ide	entification N	Numbe	er			
Street Address or RFD	Dor	st Office Box Number		City		State	ZIP Code	County	whore busine			
Street Address of RFD	Pos	St Office Box Number		City		State	ZIP Code	County	where busine	ess located		
Business Entity		Association	If Corporation or LLC, Date Licensed in Wisconsi		nin.	State of Incorp	Incorporation or Organization		City	Village	-	Town
Sole Proprietorship	L	Corporation) II I			Name:				
Partnership		LLC										
List makes of travel trailers to be sold												
Address of SECONDARY Sales Location	on in	SAME MUNICIPALITY										
Branch:	JII III	CAME MONION ALTER				Sublot:						
Name and Title of Owner, Partners, Ass Complete an Entity/Owner Statement (I				and Shareholde	ers, LLC Mar	nagers and Mem	bers					
Completely describe other business, if	anv e	engaged in by your firm	1			Same location	1?	License	Numbers of	 Additional Γ	 Dealers	shins
completely accorded callet business, in	urry, v	singaged in by your initi				No	Yes	Liochioc	, realisons of	ridalional D	realers	, inpo
Was there a licensed dealer at this same location previously this year? No Yes, Name dealer						Do you own and operate your own service department? Yes No, Attach completed service agreement Complete ONE of the following (whichever applicable): Is business real estate owned by: Owner of sole proprietorship One partner of partnership Corporate dealership LLC NO If no, send copy						
Will you be named as the lessor on any	vehi	icle title?			Sales Tax	Seller Permit No).					
Check a box: Yes No		aliada dha na mainad la an										
If yes, submit MV2509 - Lessor Bond, and include the required lessor bond in the amount of \$60,000 per Wis. Stat. §344.51						·	e Service Department			in/\		
Please check only ONE box t	hat	applies to your de	ealership.		∐ No I	i No, allach form	MV2085 (available form	i website v	www.dot.wisc	onsin.gov)		
Please check only ONE box that applies to your dealership. Call 608-261-9555 if you have questions about these fees. 1. During the next two years our dealership will sell <u>all</u> vehicles on a <u>cash only</u> basis. Fee due is \$20.					Dealer License (Required fee)\$100.00 Salesperson LicenseNumberx \$8.00							
2. Our dealership original a. All of the contra to a third party. Fe	cts ' e du	we originate are s ue is \$100.	sold or trai	nsferred	Salespe	erson Licens	eNumber _		x \$8.	00		
b. Some or all of the contracts are retained by our dealership. Fee due is \$100.						Dealer License Plates RequiredFirst 2 plates = \$150.00						
3. The total amount of installment contracts (not including leases)						Number of additional plates @ \$10.00						
originated and retained in the last 12 months was \$, which is \$100,000 or less. Fee due is \$100.						ers of all mis	sing plates					
4. The total amount of installment contracts (not including leases)						Danlacomont License Dieter for both derivers						
originated and retained in the last 12 months was \$, which is greater than \$100,000. Do not submit a fee. You						Replacement License Plates for lost, damaged, or illegible plateseach plate \$4.00						
will receive a separate bill		_	_	_								
Does your dealership write credit insurance? No Yes CHECK PAYABLE TO: Department of Financial Institutions						CHECK PAYABLE TO: REGISTRATION FEE TRUST \$						
I, the undersigned, certify und												executed,

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		
Business Name / Location		
Operation of this dealer business at the loc	ration(s) stated above is in accordance w	rith local zoning regulation.
x		
(Signature)	(Official Title)	(Municipality)
2. Check one box and sign below:		
A local permit or license is required and	d has been issued.	
A local permit or license is not required		
x		
(Signature)	(Official Title)	(Municipality)
Section B		
Business Name / Location		
X		
(Signature)	(Official Title)	(County)
Business Facilities Include - Check ALL that appl	y.	
A business office in a permanent building, not a	a residence, tent, or temporary stand.	
A display lot on the same block or directly acros	ss the street from the office.	
A repair shop OR		
A service agreement with a nearby repair s	hop. Copy of service agreement attache	ed.
Anticipated Date Business Facilities Will Be Ready		
If business address on reverse side does not including highway numbers or letters and distances		tions to your business location