

MOTOR VEHICLE DEALER TWO YEAR LICENSE APPLICATION

MV2186 11/2024 Ch. 218 Wis. Stats.

Submit in Duplicate

Wisconsin Department of Transportation

Dealer and Agent Section

PO Box 7909, Madison, WI 53707-7909

FOR OFFICE USE ONLY	
Issued	Expires

Check this box if This is a Buyout Application
 Amending Current License Information

Legal Business Name		FEIN	Dealer License Number
Trade Name(s) or DBAs		(Area Code) Telephone Number	
Business Address	PO Box	City	State ZIP Code
Email Address	County (Business Location)		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Name:
State of Incorporation or Organization	If Corporation or LLC, Date Licensed in Wisconsin	Business Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	
Types of Vehicles to be Sold (<i>check all that apply</i>) <input type="checkbox"/> Autos <input type="checkbox"/> Trucks <input type="checkbox"/> Motorcycles <input type="checkbox"/> Other (<i>specify</i>):		List Makes of New Vehicles to be Sold	
Address of Secondary Sales Location in Same Municipality Branch: Sublot:			
Name and Title of Owners, Partners, Association Members, Corporate Officers or Shareholders, LLC Members or Managers (Complete form MV2844 Entity / Owners Statement for each individual)			
Completely Describe Other Business, Engaged in by Your Firm	Same Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Dealer License Numbers of Additional Dealerships (If applicable, this is a required field)	
Was there a licensed dealer at this same location previously this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dealer Name:		Do you own and operate your own service department? <input type="checkbox"/> Yes <input type="checkbox"/> No – Attach Completed Service Agreement	
Have you, as an individual and your above named firm, been licensed as a dealer before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Same Location: <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete ONE of the Following (<i>whichever applicable</i>) Is Business Real Estate Owned by: <input type="checkbox"/> Yes <input type="checkbox"/> No – Owner of Sole Proprietorship <input type="checkbox"/> Yes <input type="checkbox"/> No – One Partner of Partnership <input type="checkbox"/> Yes <input type="checkbox"/> No – Corporate Dealership <input type="checkbox"/> Yes <input type="checkbox"/> No – LLC <i>If No, Send Copy of Lease</i>	
Has your motor vehicle dealer license ever been denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When and what state:			
Are you licensed as a motor vehicle salvage dealer at the same location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List License Number:			
Will you be named as the lessor on any vehicle title? Check a box: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit MV2509 – Lessor Bond, and include the required lessor bond in the amount of \$60,000 per Wis. Stat. §344.51			Sales Tax Seller Permit Number
Check Only ONE Box (applicable to your dealership) <input type="checkbox"/> 1. During the next two years our dealership will sell ALL vehicles on a <i>Cash Only</i> basis. Fee due is \$20. <input type="checkbox"/> 2. Our dealership originates retail installment sales contracts and/or consumer leases: <input type="checkbox"/> a. All of the contracts or leases we originate are sold or transferred to a third party. Fee due is \$100. <input type="checkbox"/> b. Some or all of the contracts or leases are retained by our dealership. Fee due is \$100. <input type="checkbox"/> 3. The total amount of installment contracts and/or consumer leases originated and retained in the last 12 months was \$____, which is \$100,000 or less. Fee due is \$100. <input type="checkbox"/> 4. The total amount of installment contracts and/or consumer leases originated and retained in the last 12 months was \$____, which is greater than \$100,000. Do not submit a fee. You will receive a separate bill.		Dealer License – Required Fee (\$40) \$ <u>40</u> Branch License (\$40) \$ _____ Sublot License (\$2) \$ _____ Salesperson License(s) (\$8) (<i>if test required, pay examiner</i>)..... # _____ x \$8 \$ _____ WI Buyer License(s) (\$12)..... # _____ x \$12 \$ _____ Buyer ID Card(s) (\$12)..... # _____ x \$12 \$ _____ Dealer License Plates – Required (<i>first 2 plates</i>) \$ <u>150</u> Number of Additional Plates (\$10) # _____ x \$10 \$ _____ List letters of All Missing Plates: _____ Replacement License Plates for Lost, Damaged, or Illegible Plates (\$4 each) \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your dealership write credit insurance?		<i>In the event of plate increase or decrease, recalculate fees.</i>	
Check Payable To: Department of Financial Institutions Total \$ _____		Check Payable To: Registration Fee Trust Total \$ _____	

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.

X

(Signature of Authorized Dealership Agent)

(Title)

(Date – m/d/yyyy)

MOTOR VEHICLE DEALER TWO YEAR LICENSE APPLICATION *(continued)*

Wisconsin Department of Transportation MV2186

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 township, complete both Sections A and B.

Attention Zoning Authorities: The requirements for a retail motor vehicle dealer are as follows:

1. A permanent building, not a residence, tent, or temporary stand.
2. An office within the building.
3. A minimum 12 x 20 foot area accessible for automobile display, repair and preparation within the building. The minimum size of the vehicle display lot must be equal to the size of a standard parking stall, in accordance with local or county zoning requirements.
4. A repair shop on the premise or a service agreement with a nearby repair shop.
5. An outdoor vehicle display lot for at least one vehicle adjacent to the building or all vehicles kept indoors.
6. An exterior sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.
7. A sign posted on or adjacent to the entrance door describing business hours.

SECTION A				
Legal Business Name				
Business Address	PO Box	City	State	ZIP Code
1. Operation of this dealer business at the location(s) stated above is in accordance with local zoning, building code and permit requirements.				
Print Name		Municipality		
X				
_____ (Signature)		_____ (Official Title)		_____ (Date – m/d/yyyy)
2. Check only ONE and sign below: <input type="checkbox"/> A local permit or license is required and has been issued. <input type="checkbox"/> A local permit or license is not required.				
Print Name		Municipality		
X				
_____ (Signature)		_____ (Official Title)		_____ (Date – m/d/yyyy)
SECTION B				
Legal Business Name				
Business Address	PO Box	City	State	ZIP Code
County Zoning Approval – Required only if business is located in a township. Operation of this dealer business at the location(s) stated above is in accordance with local zoning regulation.				
Print Name		County		
X				
_____ (Signature)		_____ (Official Title)		_____ (Date – m/d/yyyy)
If business address above does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.				