Village
City
State
ZIP Code
County where business located

Name: ❑ (Authorized Dealership Agent, Title)

(Date)

Wisconsin Department of Transportation
Dealer Section
PO Box 7909
Madison, WI  53707-7909

Legal Name
Dealer License Number

Trade Name(s) or DBAs
Federal Employer Identification Number

Street Address or RFD
Post Office Box Number
City
State
ZIP Code
County where business located

Business Entity
❑ Sole Proprietorship
❑ Corporation
❑ Partnership
❑ LLC

List makes of travel trailers to be sold

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.

Locally/State/Out of State

MV2187        12/2018        Ch. 218 Wis. Stats.

FOR OFFICE USE ONLY

Issued
Expires

Dealer License (Required fee)...............................$100.00
Salesperson License............Number __________ x $8.00
Dealer License Plates Required.....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

CALL 608-261-9555 if you have questions about these fees.

SALES TAX SELLER PERMIT NUMBER (Not required for consignment sales only)

Dealer License Plates Required.....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:  Department of Financial Institutions

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)
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**

1. Operation of this dealer business at the location(s) stated above 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**

**Business Name / Location**

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

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

**X**

(Signature) ____________________________ (Official Title) ____________________________ (County) ____________________________

**Business Facilities Include** - Check ALL that apply.

- [ ] A business office in a permanent building, not a residence, tent, or temporary stand.
- [ ] A display lot on the same block or directly across the street from the office.
- [ ] A repair shop OR
  - [ ] A service agreement with a nearby repair shop. Copy of service agreement attached.

**Anticipated Date Business Facilities Will Be Ready**

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.