

RECREATIONAL VEHICLE DEALER TWO YEAR LICENSE APPLICATION

MV2187 3/2005 Ch. 218 Wis. Stats.

Submit in duplicate. Amending Current License Information

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

FOR OFFICE USE ONLY	
Issued	Expires

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

Completely describe other business, if any, engaged in by your firm	Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes	License Numbers of Additional Dealerships
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Was there a licensed dealer at this same location previously this year?
 No Yes, Name dealer _____

Have you, as an individual and your above-named firm, been licensed as a dealer before?
 No Yes, Same location? No Yes

Has your recreational vehicle dealer license ever been denied, suspended or revoked?
 No Yes, When and what state? _____

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:	YES	NO
Owner of sole proprietorship	<input type="checkbox"/>	<input type="checkbox"/> If no, send copy of lease.
One partner of partnership	<input type="checkbox"/>	
Corporate dealership	<input type="checkbox"/>	
LLC	<input type="checkbox"/>	

Number of vehicles sold in last 12 month period	Retail	New	Used
	Wholesale		

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

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 all vehicles on a cash only basis. **Fee due is \$20.**

2. Our dealership originates retail installment sales contracts.

a. All of the contracts we originate are sold or transferred to a third party. **Fee due is \$100.**

b. Some or all of the contracts are retained by our dealership. **Fee due is \$100.**

3. The total amount of installment contracts (not including leases) originated and retained in the last 12 months was \$ _____, which is \$100,000 or less. **Fee due is \$100.**

4. The total amount of installment contracts (not including 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.

Does your dealership write credit insurance? No Yes

CHECK PAYABLE TO: Department of Financial Institutions

Dealer License (Required fee).....\$100.00 _____

Salesperson License.....Number _____ x \$8.00 _____

Buyer ID Card(s).....Number _____ x \$12.00 _____

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 \$2.00 _____

CHECK PAYABLE TO: REGISTRATION FEE TRUST \$ _____

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 _____ (Date)
(Authorized Dealership Agent, Title)

**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		
1. Operation of this dealer business at the location(s) stated above is in accordance with local zoning regulation.		
X _____ <small>(Signature)</small>	_____ <small>(Official Title)</small>	_____ <small>(Municipality)</small>
2. Check one box 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.		
X _____ <small>(Signature)</small>	_____ <small>(Official Title)</small>	_____ <small>(Municipality)</small>

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 _____ <small>(Signature)</small>	_____ <small>(Official Title)</small>	_____ <small>(County)</small>

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
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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.
