

APPLICATION FOR DEALER'S LICENSE

North Dakota Department of Transportation, Motor Vehicle Division
SFN 2932 (Rev. 04-2002)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Fax (701) 328-1487

TYPE OF APPLICATION: RENEWAL
 INITIAL

Dealership Name			Owner/Manager			Yr. to Lic. for (MVD Use Only)		
Mailing Address			Contact Name (if different from Owner/Mgr.)			Fed. ID No. or Soc. Sec. No.		
City			Street Address/Highway Location (if different from mailing address)			City		
State			State			Zip Code		
Zip Code			Main Business Phone Number			Emergency Phone Number		
			Cell Phone Number			Fax Number		

Dealership is franchised for the following make(s) of vehicles:

- The business and display lot cover at least 2500 sq. ft.
- The office is adequately heated and lighted to be comfortable for customers and employees and it is equipped with standard office equipment necessary for the conduct of the business.
- All records of the business are kept within the business
- The business has a telephone publicly listed and the dealership is open to the public during normal working hours.
- The dealership displays a sign at least 32 square feet in size and it must contain the name of the dealership in letters at least ten inches high.
- The dealership will continue to have garage liability insurance.
- All secondary lots are within 5 miles of the established business and display a sign at least 32ft. sq. in size and contains the name of the dealership in letters at least 10 inches high.

NOTE: NEW and USED MOTOR VEHICLE dealers must have a permanent place of business with an office containing the records necessary to conduct the business. MOTORCYCLE DEALERS must have a permanent place of business containing the records necessary to conduct the business and a service and repair facility.

INSTRUCTIONS FOR SCHEDULE OF FEES (BELOW): 'X' the first column to indicate the type of dealer's license for which you are applying. On the same line across, and in the appropriate places, indicate the number of dealer plates or decals you wish to purchase in addition to any that may be included with the Dealer License Fee. Multiply the number of dealer plates you are ordering by the fee and total the fees in the "Fees Remitted" column. Make your check payable to the "DEPARTMENT OF TRANSPORTATION". The last column if for DOT use only. Dealer's License expire on December 31st.

X	TYPE OF DEALER'S LICENSE APPLIED FOR	Bond Required	Dealer License Fee	DEALER LICENSE PLATE			UTILITY DEMO PLATES		INTRANSIT PLATES		Initial Inspection Fee ***	FEES REMITTED
				First Plate	Additional Plates		Quantity	Fee Each	Quantity	Fee Each		
					Quantity	Fee Each						
	NEW MOTOR VEHICLE DEALER	Yes **	\$100.00	1 Included		\$25.00		\$5.00		\$5.00	\$100.00	
	USED MOTOR VEHICLE DEALER	Yes **	\$100.00	1 Included		\$25.00		\$5.00		\$5.00	\$100.00	
	MOTORCYCLE DEALER	Yes **	\$25.00	1 Included		\$10.00	N/A		N/A		\$50.00	
	TRAILER DEALER	Yes **	\$30.00	1 Included		\$10.00	N/A		N/A		N/A	
	MOBILE HOME DEALER	Yes **	\$35.00	1 Included		\$10.00	N/A		N/A		N/A	
	SNOWMOBILE DEALER	No **	\$20.00	1 Pair of Decals Included		\$20.00	N/A		N/A		N/A	
	ALL-TERRAIN VEHICLE DEALER	No **	\$10.00	1 Decal Included		\$10.00	N/A		N/A		N/A	
	LOW SPEED VEHICLE DEALER	No **	\$20.00	1 Included		\$20.00	N/A		N/A		N/A	
											TOTAL	

** BOND REQUIRED COLUMN - Yes ** indicates a bond must be mailed with the application, unless it is already on file with the Dept. of Transportation.
*** INSPECTION FEE is NON-REFUNDABLE and is required only on an initial application for dealer's license.

As authorized agent of this dealership, I am applying for the dealer's license as indicated above. Operations of the dealership will comply with all provisions of Title 39 of the North Dakota Century Code. To the best of my knowledge, all information provided above is true and correct.	Authorized Agent X	Date
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The following is to be completed by a Motor Vehicle Representative (for initial applications only):

1. Has this location been inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Inspection
2. Did this dealership pass inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments

APPROVAL

Motor Vehicle Representative X	Date	Director, Motor Vehicle Division X
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