

STATE OF NEBRASKA
NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD
301 CENTENNIAL MALL SOUTH, P.O. BOX 94697, LINCOLN, NE 68509

APPLICATION FOR
(INDICATE THE CLASS OF DEALER BY PLACING AN "X" IN THE APPROPRIATE BLOCK.)

- **COMBINATION MOTOR VEHICLE & TRAILER DEALER LICENSE**
(Used motor vehicles/motorcycles/trailers •) (Enfranchised motor vehicles/motorcycles/trailers •)
- **TRAILER DEALER LICENSE (New and/or used Trailers only)**
- **MOTORCYCLE DEALER LICENSE (New and/or used Motorcycles only)**

Application for a license to engage in the business of selling or exchanging motor vehicles or trailers in accordance with Ch. 60, art. 14, R.R.S., 1943, as amended, and in accordance with rules and regulations of the Nebraska Motor Vehicle Industry Licensing Board, as the same may be now, or as amended hereafter:

1. Applicant is **doing business as** (name of the dealership): _____

(Street) (PO Box) (City, Town or Village) (State) (Zip Code) (County)
If the above address is a rural location, please give directions to find the dealership.

2. Does the above location conform to applicable zoning laws? _____
(Please supply a zoning permit or letter from the proper authority confirming your zoning compliance.)

3. Indicate your declared office hours: From _____ A.M. to _____ P.M. Dealership Phone Number (_____) _____
(Must be open 40 hours per week - 20 of those during regular business hours.) FAX Number (_____) _____

4. Describe fully the building and actual premises where the business is to be operated (include square feet of building and display area):

5. Indicate whether the proposed location is owned or leased by the applicant _____. If the location is leased, a copy of the lease not ending before Dec. 31st of the current year must accompany this application.

6. Will there be one contiguous area for the display of ten or more motor vehicles, trailers, or motorcycles in a presentable manner where this business is to be operated? _____

7. Will all trailer or motor vehicle and trailer records be kept separately and apart from other business or personal records? _____

8. Will the applicant have repair facilities and tools to properly and actually service warranties on motor vehicles, motorcycles, or trailers sold at such place of business and to make other repairs arising out of the conduct of the licensee's business? A mobile truck equipped with repair facilities to properly perform warranty functions and other repairs shall be deemed adequate repair facilities for trailers.
___ YES; ___ NO If NO, complete the "Service Agreement Statement" or attach an executed service agreement for such repairs.

9. Ownership of the dealership (check only one):

___ Individual owner: Name and address _____
Social Security Number _____

___ Partnership: Names and addresses of all partners _____

___ Corporation or LLC: _____ (registered with the Nebraska Secretary of State)
List the names, titles and addresses of principal corporate officers or names and addresses of LLC members:

(SEE THE INSTRUCTIONS REGARDING THE ISSUANCE OF THE DEALER BOND TO REFLECT OWNERSHIP)

10. (a) Have any of the above named persons ever been found guilty of any felony that has not been pardoned? Yes ___ No ___
(b) Ever been found guilty of any misdemeanor concerning fraud or conversion? Yes ___ No ___
(c) Suffered any judgment in any civil action involving fraud, misrepresentation or conversion? Yes ___ No ___
(d) Are any felony charges pending at the present time? Yes ___ No ___

If any of the above named persons answered yes to any of the above questions, please give details. _____

11. Give the number of salespeople (including the free salesperson) who are to be licensed. _____

12. Name(s) of New Motor Vehicles, Motorcycles and/or Trailers which the applicant is enfranchised to sell: _____

13. Name(s) of Manufacturer or Distributor who has enfranchised the applicant: (Please include copies of franchise agreements or contracts.)

(Name of Manufacturer or Distributor)	(Street)	(City)	(State)	(Zip Code)
(Name of Manufacturer or Distributor)	(Street)	(City)	(State)	(Zip Code)

THE OATH MUST BE SIGNED AND NOTARIZED
(All partners must sign the Oath)

STATE OF NEBRASKA)
County of _____)

_____, being first duly sworn, upon oath deposes and says: That he/she is
(printed name of owner, partners, corporate officer, or LLC member)
the applicant who makes the above and foregoing application, that he/she has read the same, knows the contents thereof, and that all statements therein
contained are true.

(Signature of Applicant)

(Signature of Applicant)

SUBSCRIBED in my presence and sworn to before me this _____ day of _____, _____

(Notary Public)

IMPORTANT: A CORPORATE SURETY BOND, A CERTIFICATE OF AUTOMOBILE LIABILITY INSURANCE, WORKERS COMPENSATION CERTIFICATE OF INSURANCE OR WAIVER, AND A PHOTOGRAPH OF THE SIGN MUST ACCOMPANY THIS APPLICATION. AT LEAST ONE SALESPERSON LICENSE APPLICATION MUST BE COMPLETED AND SUBMITTED.

DO NOT SEND ANY MONEY UNTIL AFTER THE APPLICATION HAS BEEN INSPECTED AND APPROVED. UPON APPROVAL OF YOUR APPLICATION PLEASE SEND A CERTIFIED CHECK, POSTAL MONEY ORDER OR CASHIER'S CHECK IN THE PROPER AMOUNT MADE PAYABLE TO NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD.