

STATE OF NEBRASKA  
NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD

301 CENTENNIAL MALL SOUTH  
PO BOX 94697  
LINCOLN, NE 68509

Telephone: 402-471-2148  
FAX: 402-471-4563  
<http://mvdealerbd.ne.gov>

## APPLICATION FOR DEALER LICENSE INSTRUCTIONS

- All licenses are for calendar year only – licenses expire December 31st of the year they are issued. ***NO money for the dealer's license is collected until AFTER the dealership has been inspected and approved by our agency.***
- **DEALERSHIP NAME:** Must reflect the nature of your business; i.e., "Jones Car Sales." The Dealership name cannot use the terms "discount," "wholesale," "for less," etc. Any questions about the suitability of your dealership name, please contact this office.
- **LOCATION/ZONING:** Dealership location must conform to applicable zoning laws. A copy of the zoning permit with the dealership name and address or a letter from the zoning authority confirming that auto/trailer sales is a permitted use at the dealership location **must** accompany your application. The property must have one contiguous area to display ten or more motor vehicles, motorcycles or trailers.
- **PHOTOGRAPH OF SIGN/BUSINESS:** A photograph of the place of business and dealership sign must be submitted with the application. The name of the dealership must be in letters at least eight inches (8") in height on the sign and must match the dealership name that is on the application. The sign must be permanent in nature and visible from the main avenue of traffic.
- **TELEPHONE:** The Dealership **must** have a working telephone, and the telephone number **must be listed with Directory Assistance in the exact dealership name.** Cellular or mobile telephones are **not** acceptable.
- **BUSINESS HOURS:** The dealership must be open 40 hours per week with at least 20 of those hours during regular business hours (8 a.m. to 5 p.m.). The Dealership must have posted business hours.
- **LEASE AGREEMENT:** If you do not own the proposed dealership location, a copy of the lease agreement must accompany the application. The lease cannot end before December 31st of the current year and should be in your exact dealer name and address.
- **SERVICE FACILITY or AGREEMENT:** The dealership must have their own service facilities to handle service and repairs or complete the Service Agreement with a second party that is within the dealership's county.
- **AUTOMOBILE LIABILITY INSURANCE:** **Certificate of Liability Insurance** from an insurance carrier authorized to do business in Nebraska must accompany the application. The certificate **must** contain: (1) Exact dealership name and address; (2) Type of coverage to include Automobile Liability for either "**AnyAuto**" or "**All Owned Autos**"; (3) Coverage dates; (4) Policy number, and (5) the Motor Vehicle Industry Licensing Board listed as the Certificate Holder including the Board's address. Insurance coverage must meet or exceed Nebraska Statute 60-534 and 60-538 limits. **Trailer Only Dealers** are exempt from Automobile Liability Insurance.
- **WORKERS' COMPENSATION INSURANCE:** The dealership must either elect or elect not to be covered under the Nebraska Workers' Compensation Act (see Workers Compensation Waiver form for details). If the dealership **elects to be covered**, a proper Certificate of Workers' Compensation Insurance must accompany the application. The certificate must contain: (1) Exact dealership name and address; (2) Coverage dates; (3) Policy number and, (4) Motor Vehicle Industry Licensing Board listed as the certificate holder including the Board's address. If the dealership elects not to be covered, the Workers Compensation Waiver exempting the dealership from Workers' Compensation is to be completed and signed.
- **CORPORATE SURETY BOND:** A \$50,000 bond (on a form approved by the Nebraska Attorney General) signed by a Nebraska registered agent, must accompany the application. The bond must be written to reflect the ownership of the dealership, i.e., owner, partnership, corporation or LLC. If the dealership is a corporation or LLC, the LLC or the corporate name must be filed with the Nebraska Secretary of State-Business Services.
- **FRANCHISED DEALERS:** If you have a franchise agreement or contract with a manufacturer or distributor, a copy of such franchise agreement or contract must be in the exact dealership name and address and should accompany the application.

The application paperwork is submitted to our office for review. It is then forwarded to one of the field investigators. The investigator will contact the prospective dealer and schedule an appointment to inspect the dealership. After the inspection and approval, the applicant returns the Inspection Report and any other required items with the fee to our office for issuance of the license. A Treasurer's Certificate is issued with the Dealer's License; this Treasurer's Certificate authorizes the County Treasurer to issue dealer plates to the dealer.

Motor Vehicle Industry Licensing statutes 60-1401 through 60-1440 may be viewed at [www.nebraska.gov](http://www.nebraska.gov)

**\*\* EXAMPLES of issuance of the Bond to reflect the dealership's ownership and name**

**If applying as an individual owner:** for example, the applicant will be doing business as Doe's Auto Sales (item 1 on the application) and item 9 on the application indicates the ownership as an Individual, John Doe: The bond is issued as John Doe dba Doe's Auto Sales

**If applying as a partnership:** for example, the applicant will be doing business as Doe's Auto Sales (item 1 on the application) and item 9 on the application indicates the ownership as partners, John Doe and Mary Doe: The bond is issued as John Doe and Mary Doe dba Doe's Auto Sales

**Corporately-owned or LLC owned:**

If applying as a corporately-owned or LLC owned dealership and the name of the corporation or LLC reflects autos, trailers, or motorcycles, etc. the name of the dealership could be the same. For example: Doe's Autos and Trailers, Inc.

Doe's Auto and Trailers, Inc. would be registered with the Nebraska Secretary of State, Business Services.

Doe's Auto and Trailers, Inc. would be entered on Item 1 and Item 9 on the dealer's license application.

The bond would be issued as Doe's Autos and Trailers, Inc.

If a 'dba' name is required because the corporate name or LLC does not reflect car, auto, trailer sales, etc. or the name of the dealership is different than the name of the corporation or LLC: for example, the applicant is applying as Doe's Motorcycle Sales with the owner being Doe Enterprises LLC.

Item 1 on the application is the name of the dealership: Doe's Motorcycle Sales

Item 9 on the application is the LLC ownership: Doe Enterprises LLC (Doe Enterprises LLC would be registered with the Nebraska Secretary of State)

The bond would be issued as Doe Enterprises LLC dba Doe's Motorcycle Sales.

In this last example the dealership's sign, telephone number, and any advertising would be in the name of the dealership: Doe's Motorcycle Sales.

The bond with the original ink signatures of the applicant and notary is to be submitted with the dealer's license application. The dealer applicant should keep a copy of the bond for their records. If the bond is issued by an out of state agent, a copy of the agent's Nebraska Producer's License should accompany the bond. If a bond rider must be issued to correct the name of the principal or the county of the dealership, the bond rider must be attached to the original bond (do not alter the original bond).

Please call our agency if you have questions about the name of the dealership being acceptable or perhaps in use by another dealer.

Motor Vehicle Industry Licensing Board  
PO Box 94697  
Lincoln NE 68509  
402-471-2148

Your certificate of insurance may not be the same form as this sample, but it must contain the information as indicated on this sample. This shows the auto liability and Workers Compensation on the same certificate. Dealers who have Workers Compensation coverage may have a separate certificate for this. Trailer only dealers (TR) do not have to provide auto liability coverage.

Review your certificate of liability insurance, it must have the following information.

- ✓ Your agent must include the dealership's name (dba if there is one) and the dealership's physical address.
- ✓ Your agent must indicate either "any auto" or "all owned autos" for the auto liability coverage.
- ✓ Auto liability and/or Workers Compensation must have the policy number, effective and expiration dates.
- ✓ Our agency as the Certificate Holder as on the Sample.

SAMPLE  
 →  
 NON  
 →  
 O  
 →  
 \* Either Any Auto or All Owned Autos \*  
 →  
 SAMPLE  
 →

**ACORD® CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Insurance Agency Name Street Address City State Zip code	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Insurance company A <b>INSURER B:</b> Insurance company B <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
---	---

<b>INSURED</b> EXACT DEALERSHIP NAME DEALERSHIP'S PHYSICAL ADDRESS PO BOX (if applicable) CITY, NE ZIP CODE	<b>NAIC #</b>      
---	---------------------------------------

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		12121212	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	343434	MM/DD/YY	MM/DD/YY	WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Your agent may include the dealership's name and physical address here if not above under the 'insured' name and mailing address.

<b>CERTIFICATE HOLDER</b> MOTOR VEHICLE INDUSTRY LICENSING BOARD PO BOX 94697 LINCOLN NE 68509	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
---	--