

**Bonded Motor Vehicle Business Application****General Instructions**

- Read the instructions carefully. Type or print clearly. Incomplete or illegible forms will be rejected.
- Contact the proper city or county for business licensing requirements.
- Complete entire form and return it to the Motor Vehicle Enforcement Division at: 210 North 1950 West, Salt Lake City, UT 84134.
- Make check or money order payable to *Utah State Tax Commission*.

Business number
(MVED office use only)

Application date: _____

If located in Utah, provide your Utah sales tax number:

_____ - _____

Federal ID number: _____ - _____

Organizational Structure Must check one.**Individual** Sole Proprietor**Government** Federal
 State
 Tribal
 Political Subdivision**Business** Corporation
 General Partnership
 Limited Partnership
 Limited Liability Partnership
 Limited Liability Company**Trust** Trust**Organization Date** Enter the date of qualification or incorporation in Utah: _____
(Contact the Dept. of Commerce at 801-530-4849)**Department of Commerce Entity Number** Enter number issued by the Dept. of Commerce.**License Type** You must submit a separate application for each license type.

<input type="checkbox"/> New motor vehicle dealer \$127	<input type="checkbox"/> New motorcycle, off-highway vehicle and/or small trailer dealer \$51	<input type="checkbox"/> Distributor branch/distributor/factory branch \$61	<input type="checkbox"/> Transporter \$51
<input type="checkbox"/> Used motor vehicle dealer \$127	<input type="checkbox"/> Used motorcycle, off-highway vehicle and/or small trailer dealer \$51	<input type="checkbox"/> Manufacturer \$102	<input type="checkbox"/> Dismantler \$102
<input type="checkbox"/> Special equipment dealer \$127	<input type="checkbox"/> Body shop \$112	<input type="checkbox"/> Remanufacturer \$102	<input type="checkbox"/> Crusher \$102
<input type="checkbox"/> Salvage Acquisition \$0			

Business Information

Business entity name - PRINT		Business phone number	
Business street address (PO box not acceptable)		Cell phone number	Fax number
City		County	State ZIP Code
Business mailing address		Business email address	
City		County	State ZIP Code

DBA/Business Name (the business or trade name you operate under)

Only complete this section if different than business entity.

DBA name (must be the name listed on your sign)		Business phone number	
Business street address (PO box not acceptable)		Cell phone number	Fax number
City		County	State ZIP Code
Business mailing address		Business email address	
City		County	State ZIP Code

Owner(s), partner(s) or corporate officers information

Attach additional sheet(s) if necessary.

→ You must apply in person at MVED (210 N 1950 W, Salt Lake City, Utah) if:

1. you are applying for dealer license as any entity type and any of the owners are not U.S. citizens; or
2. you are a sole proprietor who is not a U.S. citizen and you are applying for any of the following licenses: body shop, crusher, distributor, dismantler, manufacturer, factory branch, distributor branch, remanufacturer or transporter.

Bring proof that you and/or any of the owners who are not U.S. citizens are in the United States lawfully under 8 USC 1641. Also bring your/their employment authorization card(s) and documentation showing the I-94 (arrival/departure) number(s) and Alien Registration Number(s) issued by the U.S. Citizenship and Immigration Service.

Owner #1 name			Title		Home phone	
Home address (physical address, not PO box)			Social Security Number		Driver license number and state of issue	
City		State	ZIP Code	Email address		
Date of birth	Hair color	Eye color	Height	Weight		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth			Citizenship		Race	

Under state and federal law we cannot issue a license to any person who does not provide the following information.

Check one (Providing false information subjects the signer to the penalties of perjury.):

I am a U.S. citizen. SSN: _____

I qualify under 8 U.S.C. 1641 and I am present in the U.S. lawfully. I-94#: _____

Alien #: _____ Employment authorization card #: _____

Owner #2 name			Title		Home phone	
Home address (physical address, not PO box)			Social Security Number		Driver license number and state of issue	
City		State	ZIP Code	Email address		
Date of birth	Hair color	Eye color	Height	Weight		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth			Citizenship		Race	

Under state and federal law we cannot issue a license to any person who does not provide the following information.

Check one (Providing false information subjects the signer to the penalties of perjury.):

I am a U.S. citizen. SSN: _____

I qualify under 8 U.S.C. 1641 and I am present in the U.S. lawfully. I-94#: _____

Alien #: _____ Employment authorization card #: _____

Owner #3 name			Title		Home phone	
Home address (physical address, not PO box)			Social Security Number		Driver license number and state of issue	
City		State	ZIP Code	Email address		
Date of birth	Hair color	Eye color	Height	Weight		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth			Citizenship		Race	

Under state and federal law we cannot issue a license to any person who does not provide the following information.

Check one (Providing false information subjects the signer to the penalties of perjury.):

I am a U.S. citizen. SSN: _____

I qualify under 8 U.S.C. 1641 and I am present in the U.S. lawfully. I-94#: _____

Alien #: _____ Employment authorization card #: _____

1. During the past five years, have you been arrested or charged with, found in violation of, or convicted of any misdemeanors or felonies in Utah or in any other state for a motor vehicle or drug-related crime, fraud or registered sex offense? You are not required to disclose simple traffic infractions. Attach additional pages if needed.

Yes No Failure to disclose any of the requested information may result in suspension or revocation of this license. A charge of, violation of, or criminal conviction for a motor vehicle or drug-related crime, fraud or registered sex offense can be grounds for denial, suspension or revocation of your application or license, even if the plea is held in abeyance.

If yes, list each, **including dates**: (A copy of your criminal history, provided by BCI, may be attached.)

Owner #1

Owner #2

Owner #3

2. Are you currently on probation or parole, court supervision of any kind, or in a "plea in abeyance"?

Yes No If yes, state what type and from which event from your criminal history:

Owner #1

Owner #2

Owner #3

Do you still owe restitution?

Yes No

Franchise Dealers

If you are registering as a new motor vehicle or new powersport vehicle dealer, manufacturer, distributor or other representative of a franchisor, you may also be required to register with the Department of Commerce under the New Automobile Franchise Act, Utah Code §13-14-105, or the New Powersport Vehicle Franchise Act, Utah Code §13-35-105. See the following websites:

admin.commerce.utah.gov/programs-we-administer/new-automobile-franchise-act/ and admin.commerce.utah.gov/programs-we-administer/, or call 801-530-6431 for more information.

If you are a franchise dealer of new vehicles, RVs, motorcycles and/or trailers, report the information below and attach your franchise agreement to this application

Make	Name of manufacturer or distributor
Address of manufacturer or distributor	Utah license number
Make	Name of manufacturer or distributor
Address of manufacturer or distributor	Utah license number
Make	Name of manufacturer or distributor
Address of manufacturer or distributor	Utah license number
Make	Name of manufacturer or distributor
Address of manufacturer or distributor	Utah license number

Special Plates & Decals

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Transporter	<input type="checkbox"/> Dealer	<input type="checkbox"/> Dismantler	
Dealer plates (\$12.00 each)				\$ _____
Motorcycle plates (\$12.00 each)				\$ _____
Dismantler, manufacturer or transporter plates (\$10.00 each)				\$ _____
Basic handling fee				\$ _____ 2.50
Volume handling fee (add \$1.00 if ordering more than 2 plates)				\$ _____
				Total \$ _____

Additional instructions: _____

Decal number (office use only): _____

Insurance company: _____ Policy number: _____

Address: _____ Telephone number: _____

Note: You must submit a current copy of your plate insurance declaration every time you order or renew plates. Insurance must be issued in the name of the licensed business.

Signatures – All owners must sign

Owner #1

I am familiar with the motor vehicle dealer licensing laws and other laws of Utah governing the conduct of persons in the motor vehicle industry and will cooperate with the Utah State Tax Commission to eliminate abuse and unfair trade practices.

I certify under penalty of perjury that the above information is correct and complete. I further certify that my business, as reported on this application, is in compliance with the Motor Vehicle Business Act of the Utah Code.

Signature* _____ Date _____

Signer's printed name _____

Owner #2

I am familiar with the motor vehicle dealer licensing laws and other laws of Utah governing the conduct of persons in the motor vehicle industry and will cooperate with the Utah State Tax Commission to eliminate abuse and unfair trade practices.

I certify under penalty of perjury that the above information is correct and complete. I further certify that my business, as reported on this application, is in compliance with the Motor Vehicle Business Act of the Utah Code.

Signature* _____ Date _____

Signer's printed name _____

Owner #3

I am familiar with the motor vehicle dealer licensing laws and other laws of Utah governing the conduct of persons in the motor vehicle industry and will cooperate with the Utah State Tax Commission to eliminate abuse and unfair trade practices.

I certify under penalty of perjury that the above information is correct and complete. I further certify that my business, as reported on this application, is in compliance with the Motor Vehicle Business Act of the Utah Code.

Signature* _____ Date _____

Signer's printed name _____

* The signer(s) must be owner, partner or corporate officer, or have POA. Submit copy of POA if applicable.