

ARKANSAS MOTOR VEHICLE COMMISSION
101 E. Capitol, Suite 212
Little Rock, AR 72201
Phone: (501) 682-1428
Fax: (501) 682-5573
E-Mail: amvc@arkansas.gov
Website: amvc.arkansas.gov

Type of License:

___ Franchised Auto/Truck \$100.00
___ Franchised RV / CT \$100.00
___ Franchised Cycle / ATV \$100.00
___ Used Branch Location \$ 25.00

Renewal Application:

Please indicate license number _____

License Year 2007

****NOTICE****

Application will be returned if all required documents are not received.

See bottom of page 2 for list.

Business Information:

Incorporated Name and/or Firm Name _____

DBA Name _____ County _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone () _____ Fax () _____ Licensing Contact Name: _____

E-Mail Address _____ Website _____

Type of Ownership: (Check One) _____ Individual _____ Partnership _____ Corporation

Give the name of each owner, partner and/or officer of the business and percentage of ownership. **Use additional sheets if necessary.**

Name _____ % _____ Title _____ Address _____
Home Phone _____

Name _____ % _____ Title _____ Address _____
Home Phone _____

Name _____ % _____ Title _____ Address _____
Home Phone _____

Name _____ % _____ Title _____ Address _____
Home Phone _____

Franchise Information:

List the Manufacturer (s) or Distributor (s) with whom you have a franchise or dealer agreement. **Attach a copy of current agreement. Please specify, if ATV, Cycle, Scooter, Go Cart, Utility Vehicle, etc.**

Mfg/Dist Name _____ Rep. Name _____
Vehicle Makes _____

Mfg/Dist Name _____ Rep. Name _____
Vehicle Makes _____

Mfg/Dist Name _____ Rep. Name _____
Vehicle Makes _____

Mfg/Dist Name _____ Rep. Name _____
Vehicle Makes _____

Read each question below and check the appropriate response.

Has any owner, partner, officer or business manager ever been refused a Motor Vehicle Dealer License or has his/her license been suspended or revoked? ___Yes ___ No

Has any owner, partner, officer or business manager ever been convicted of a felony? ___Yes ___No

Has any owner, partner, officer or business manager knowingly violated any law relating to the sale, distribution or financing of new motor vehicles? ___Yes ___No

Has any owner, partner, officer or business manager ever knowingly purchased, sold or otherwise acquired or disposed of a stolen motor vehicle? ___Yes ___No

Has any owner, partner, officer or business manager ever been convicted of odometer tampering? ___Yes ___No

If the answer to any of the above questions is YES, explain on a separate sheet (include names, dates and court jurisdictions).

Read and certify by signing below.

I hereby certify that the statements made herein or attached hereto are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

Date _____ Signature of Authorized Official _____
Typed name & title of above _____

All of the following documents must be submitted to the address on the first page of this application.

1. Renewal Application.
2. Copy of current signed Franchise/Dealer agreement. Application will be returned if FA on file is not current.
3. Notarized Renewal Affidavit.
4. Appropriate fee.
5. Current Proof of Garage Liability Insurance.
6. Appropriate employee applications.
7. List of current Salespeople, General Managers, Sales Managers and Financiers.
8. Contact Information Sheet.