

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 the Motor Vehicle Industry Licensing Regulation Act, as amended, and in accordance with the 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 dealership): _____

(Street) (PO Box) (City, State) (Zip Code) (County)

If the above address is a rural location, please give directions to find the dealership.

Name of person and telephone number to be contacted for the inspection _____

2. Does the above address conform to applicable zoning laws? _____
(Provide a zoning permit or letter from the proper authority confirming zoning compliance.)

3. Indicate your declared office hours: from _____ A.M. to _____ P.M. Dealership Phone Number (____) _____
(Must be open at least 40 hours per week, 20 of those during the regular business hours) Fax Number (____) _____

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

5. The proposed dealer location is (check one): Owned by the applicant _____, Leased by the applicant _____.
If leased, a copy of the lease not ending before Dec. 31st of the current year must accompany the application.

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

7. Will all motor vehicle or 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 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 partners _____

____ Corporation or LLC: _____ (must be registered with Nebraska Sec of State)

List the names, titles and addresses of the principal officers of the corporation or names and addresses of the LLC members:

(SEE THE INSTRUCTIONS REGARDING THE ISSUANCE OF THE BOND TO REFLECT THE OWNERSHIP AND NAME OF THE DEALERSHIP)

10. (a) Have any of the named owner(s) 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 named owner(s) answered Yes to any of the above questions, please give details (attach a separate sheet of paper if needed). _____

11. List the name(s) of the new motor vehicles, motorcycles and/or trailers that the applicant is enfranchised to sell: _____

12. Name(s) of the Manufacturer or Distributor who has enfranchised the applicant. Include a copy of the franchise agreement.

(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
(If a partnership, All partners must sign the Oath)

STATE OF NEBRASKA)
County of _____)

_____, being first duly sworn, upon oath deposes and says: That
(printed name of owner, partners, corporate officer, or LLC member)

he/she is 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, either a Certificate of Insurance for Workers Compensation or a signed Workers Compensation Waiver, and a Photograph of the sign must accompany this application.

DO NOT SEND ANY MONEY UNTIL AFTER THE APPLICATION HAS BEEN INSPECTED AND APPROVED BY OUR OFFICE. Upon approval of the application, send to our office the Inspection Report, any required items or documents, and a check, postal money order or cashier's check in the proper amount made payable to Nebraska Motor Vehicle Industry Licensing Board.