

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

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**LICENSE FEE: \$250.** (collected after inspection and approval by our office)

**APPLICATION FOR**

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

- COMBINATION MOTOR VEHICLE / TRAILER DEALER LICENSE**  
(New and/or Used 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 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): \_\_\_\_\_

Address: \_\_\_\_\_  
Street PO Box City, State Zip Code

County of dealership: \_\_\_\_\_

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. a) Indicate your declared office hours: from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.  
(Must be open at least 40 hours per week, 20 of those during the regular business hours)

b) Dealership Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

c) email address for the dealership: \_\_\_\_\_  
Name of person to contact for the dealership: \_\_\_\_\_

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 or \_\_\_ Leased by the applicant.  
If leased, a copy of the lease not ending before Dec. 31st of the license 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/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 – last four digits \_\_\_\_\_  
Partnership: Names and addresses of partners \_\_\_\_\_

Corporation or LLC: \_\_\_\_\_  
(must be registered with Nebraska Secretary 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. Have any of the named owners:

- (a) 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 owners answered Yes to any of the above questions, please give details (attach a separate sheet of paper if needed). Provide a copy of the background report for the named person.

\_\_\_\_\_

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

\_\_\_\_\_

12. 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 \_\_\_\_\_  
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, and either a Certificate of Insurance for Workers Compensation or a signed Workers Compensation Waiver must accompany this application. Please include a photograph of the dealership’s sign. After the Inspection and upon approval send to our office the Inspection Report, any required items, and a check or money order in the proper amount made payable to **Motor Vehicle Industry Licensing Board**.