



**Mississippi Motor Vehicle Commission**  
 1755 Lelia Drive, Suite 200  
 Jackson, MS 39216  
 601-987-3995  
 Fax: 601-987-3997  
[info@mmvc.state.ms.us](mailto:info@mmvc.state.ms.us)

<b>FOR OFFICE USE ONLY</b>
License Number Issued: _____

## INITIAL APPLICATION

Pursuant to the provision of the Mississippi Motor Vehicle Commission Law §63-17-73, application is hereby made for a license as indicated. Please check only ONE clarification. All others require separate licenses and applications. Pursuant of Regulation Nine, \$200.00 administrative fee for Manufacturer, Distributor, Factory Branch, and Distributor Branch license is shown in fees listed.

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|--|---------------------|
| <input type="checkbox"/> Manufacturer - \$400.00 + \$200.00 Admin. Fee                 | Check Number: _____ |
| <input type="checkbox"/> Distributor - \$400.00 + \$200.00 Admin. Fee                  | Date Paid: _____    |
| <input type="checkbox"/> Factory Branch - \$400.00 + \$200.00 Admin. Fee               | Amount Paid: _____  |
| <input type="checkbox"/> Distributor Branch - \$400.00 + \$200.00 Admin. Fee           |                     |
| <input type="checkbox"/> New Motor Vehicle Dealership - \$100.00                       |                     |
| <input type="checkbox"/> New Motorcycle/Scooters/ATV Dealership - \$100.00             |                     |
| <input type="checkbox"/> New Specialty Vehicle Sales (i.e. Fire, Ambulance) - \$100.00 |                     |
| <input type="checkbox"/> New Bus/RV Dealership and Sales - \$100.00                    |                     |

\* PLEASE TYPE OR PRINT \*

### **SECTION ONE (all licensees):**

**Name** in which business is conducted: \_\_\_\_\_

**Physical address** at which business will be conducted:

Street Number and Name \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Mailing Address** if different from physical address:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_ Phone:(     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax:(     ) \_\_\_\_\_

**Makes** of New Motor Vehicles Dealt In (please provide additional sheets if needed)

\_\_\_\_\_  
 \_\_\_\_\_

*(For DEALERS only, please provide franchise agreement for EACH make listed above)*

### **SECTION TWO (for Manufacturers/Distributors/and their branches ONLY):**

Name of all executive and sales personnel representing the applicant who contact or supervise dealers or prospective dealers of new motor vehicles in Mississippi. (please provide additional sheets if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Note that all persons listed above must be licensed as Representatives before engaging in such activity. There is no probationary or grace period.)*

**SECTION THREE (for Mississippi Motor Vehicle Dealers ONLY including motorcycles/scooters/ATVs/RVs, specialty vehicles, and buses):**

List the names, titles, addresses, and percentages of ownership for EACH of the officers, directors, and managers

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Is this a NEW dealership?  Yes  No

Change of Ownership?  Yes  No

Is Business a Mississippi Corporation?  Yes  No

New Corporation?  Yes  No

Business is owned by:  Individual  Partnership  Corporation

Have you or any of the principals of the partnership or corporation ever been licensed by this COMMISSION to act in any capacity in Mississippi?  Yes  No

If Yes, give name in which license was issued, license number and last effective year: \_\_\_\_\_

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Has any license ever been denied, revoked, or suspended by this COMMISSION to you or any of your principals of the partnership or corporation?  Yes  No

If Yes, give full details: \_\_\_\_\_

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Have you or any of the principals ever been convicted of violation the MISSISSIPPI MOTOR VEHICLE COMMISSION ACT?  Yes  No

If Yes, give full details: \_\_\_\_\_

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Have you or any of the principals ever been convicted of a MISDEMEANOR or FELONY?  Yes  No  
(If yes, please provide copy of court documents.)

Will you contract or do your own service work?  Contract Out  Do Own Work

Describe the extent of the trade area for which you will be responsible in your operation.

(List county of operation and surrounding areas)

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**SECTION FOUR (for Motor Vehicle Dealerships ONLY):**

Type of Construction of Building: \_\_\_\_\_

Entire Facility square footage: \_\_\_\_\_ dimensions: \_\_\_\_\_  
 Enclosed New Car Showroom square footage: \_\_\_\_\_ dimensions: \_\_\_\_\_  
 Service Department square footage: \_\_\_\_\_ dimensions: \_\_\_\_\_  
 Parts Department square footage: \_\_\_\_\_ dimensions: \_\_\_\_\_

Inventory – List the dollar amount of parts for EACH make of motor vehicles dealt in

MAKE	PARTS INVENTORY	MAKE	PARTS INVENTORY
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**SECTION FIVE (all licensees):**

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions under the law which this application is made, and that I, as proprietor, partner, or authorized official of the corporation have authority to make the statements contained herein. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
 (personal signature of authorized official or firm)

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (SEAL)

\_\_\_\_\_ My commission expires \_\_\_\_\_  
 (Notary Public)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

- The following must be submitted with this completed notarized application for ALL Manufacturer, Distributor, or Branch Applications.**
- \$400 License Fee
  - \$200 Administrative Fee
  - Representative Applications and Fees
  - Bank Affiliate's Name
  - Bank Officer's Name and Contact Number
  - Copy of Latest Financial Statement
  - Brochure of Product Line

**MAIL ALL DOCUMENTS TO THE ADDRESS LISTED ON FRONT OF APPLICATION. ALL INFORMATION MUST BE RECEIVED BEFORE LICENSE IS ISSUED. ALL APPLICATIONS MUST BE REVIEWED BY COMMISSION AT THEIR MONTHLY MEETING BEFORE APPROVAL AND LICENSE ISSUANCE. MONTHLY MEETINGS SCHEDULED FOR THE 3<sup>rd</sup> WEDNESDAY OF EACH MONTH.**

- The following must be submitted with this completed notarized application for ALL Motor Vehicle License Applications including motorcycles, scooters, RVs, ATVs, specialty vehicles, and buses**
- \$100 License Fee (for each Manufactured Line Listed in Section 1: MAKES)
  - Salesperson Applications and Fees
  - Bank Affiliate's Name
  - Bank Officer's Name and Contact Number
  - Biography of EACH Principal
  - Copy of Latest Financial Statement for EACH principal and Business
  - Sketch or pictures of facilities labeled accordingly
  - \$25,000 security bond
  - Manufacturer's area Marketing Analysis (motor vehicles only)