



# MISSISSIPPI MOTOR VEHICLE COMMISSION

1755 Lelia Drive, Suite 200  
Jackson, MS 39216  
**Phone:** 601-987-3995  
**Fax:** 601-987-3997  
**Email:** info@mmvc.ms.gov

FOR OFFICE USE ONLY  
License Number Issued:

## INITIAL DEALER/ESTABLISHED DEALER APPLICATION

This application is for NEW dealers only. USED and AUCTION licenses are done through the Department of Revenue.

### Check the dealership type:

- |  |          |
|--|----------|
| <input type="radio"/> New Motor Vehicle Dealership       | \$100.00 |
| <input type="radio"/> New RV Dealership                  | \$100.00 |
| <input type="radio"/> New Motorcycle/Scooters Dealership | \$100.00 |
| <input type="radio"/> New Specialty Vehicle Dealership*  | \$100.00 |
| <input type="radio"/> New Bus Dealership                 | \$100.00 |

Do you currently have an active MS Dealership License?

☐ Yes ☐ No

Check Number: # \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

**Manufacturer** of new motor vehicles sold\*  
(please provide additional sheets if needed)

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

**Makes Offered:**

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

\* Please attach franchise agreement for **EACH** manufacturer listed.

**1. Business Name** (include DBA) \_\_\_\_\_

**2. Physical Address**  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_

**3. Mailing Address** if different from physical address  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_

**4. Contact Information**  
Owner: \_\_\_\_\_  
Owner Email: \_\_\_\_\_  
Owner Cell/Direct Line: \_\_\_\_\_

General Manager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell/Direct Line: \_\_\_\_\_

Office Licensing Contact: \_\_\_\_\_  
Office Contact Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**5. Dealership Doc Fee\*** \_\_\_\_\_  
\* If charging a doc fee, please see regulation 8 on the MMVC website for proper wording and disclosures.

This is a ☐ **New dealership** or ☐ **Change of ownership**

Is this business a Mississippi corporation? ☐ **YES** ☐ **NO**

Is this a new corporation? ☐ **YES** ☐ **NO**

Business is owned by:

☐ **Individual** ☐ **Partnership** ☐ **Corporation**

List the names, titles, city, state, and percentages of ownership for EACH officer, director, and manager:

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

Have you or any of the principals of the partnership or corporation ever been licensed by the 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:

---

---

---

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:

---

---

---

Have you or any of the principals ever been convicted of a violation of the Mississippi Motor Vehicle Commission Act? ☐ **YES** ☐ **NO**

If yes, give full details:

---

---

---

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 relevant market area for which you will be responsible in your operation.

(List county of operation and surrounding areas)

---

---

---

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 I am familiar with the provisions under the law which this application is made. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by a third party private company, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed: \_\_\_\_\_  
(Applicant's Name) (Notary Public)

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



My commission expires: \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**A.** The following must be submitted with this application:

- ☐ Salesperson Application(s) and Fee(s) (\$10.00/salesperson)
- ☐ Bank Affiliates's Name
- ☐ Bank Officer's Name and Contact Number
- ☐ Biography of EACH Principal
- ☐ Copy of Latest Financial Statement (usually CPA certified and either quarterly or annually); if first-time MS dealer, provide personal financial statement of the principal
- ☐ Sketch or pictures of facilities labeled accordingly
- ☐ \$25,000 security bond
- ☐ Franchise Agreement

**B.** If only adding a manufacturer to the current location, submit the following:

- ☐ \$100.00 License Fee (for each Manufactured Line)
- ☐ Franchise Agreement
- ☐ Manufacturer's Primary Marketing Area (motor vehicles only)
- ☐ Minimum of one salesperson application/fee

**Please mail all documents to the address listed on the front of the application. Applications must be reviewed by the commission at their monthly board meeting, which is held on the third Wednesday of every month. All documents must be submitted NO LATER than the Friday before the board meeting to be on that month's agenda. All information and documents must be received before an application is presented to the board for approval and license issuance. Please call our office with any questions.**