



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 APPLICATION

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

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:

- New Motor Vehicle Dealership \$100.00
- New Motorcycle/Scooters Dealership \$100.00
- New Specialty Vehicle Sales* \$100.00
- New Bus Sales \$100.00
- New RV Dealership \$100.00

All others require separate licenses and applications.

* i.e. Fire, Ambulance vehicles

Check Number: # _____

Check Amount: \$ _____

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

* Please provide franchise agreement for **EACH** make listed above.

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**

1. Name in which business is conducted _____

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 (GM): _____
GM Email: _____
GM 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.*

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

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 trade 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 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: _____

(Applicant's Name)

(Notary Public)



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

My commission expires: _____

STATE OF _____

COUNTY OF _____

The following must be submitted with this application:

- \$100.00 License Fee (for each Manufactured Line)
- 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)
- Sketch or pictures of facilities labeled accordingly
- \$25,000 security bond
- Manufacturer's area Marketing Analysis (motor vehicles only)

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.