



## 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 MANUFACTURER & DISTRIBUTOR 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:**

- |  |           |
|--|-----------|
| <input type="radio"/> Manufacturer       | \$600.00* |
| <input type="radio"/> Distributor        | \$600.00* |
| <input type="radio"/> Factory Branch     | \$600.00* |
| <input type="radio"/> Distributor Branch | \$600.00* |

All others require separate licenses and applications.

*\* Includes \$400.00 license fee and \$200.00 administrative fee*

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

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

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

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**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**  
Contact 1 Name: \_\_\_\_\_  
Contact 1 Email: \_\_\_\_\_  
Contact 2 Name: \_\_\_\_\_  
Contact 2 Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**5. Provide a List of Dealers that Sell Your Products**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

- \$600.00 License Fee (\$400.00 license fee and \$200.00 administrative fee)
- Representative Application(s) and Fee(s) (\$300.00/representative)
- 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)
- Brochure or pictures of product line

**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.**