MOTOR VEHICLE AUCTION DEALER TWO YEAR LICENSE APPLICATION

MV2492 2/2026 s.345.17, s.946.32 Wis. Stats.

FOR OFFICE USE ONLY	
Issued	Expires

Wisconsin Department of Transportation
Dealer Section
4822 Madison Yards Way
P.O. Box 7909
Madison, WI 53707-7909

Legal Name	(Area Code) Telephone Number	Dealer License Number

Trade Name(s) or DBAs	Federal Employer Identification Number

Business Address	Post Office Box Number	City	State	ZIP Code	County where business located

Business Email Address

Business Entity	If Corporation or LLC, Date Licensed in Wisconsin	State of Incorporation or Organization	☐ City ☐ Village ☐ Town Name:
☐ Sole Proprietorship ☐ Association ☐ Partnership ☐ Corporation ☐ LLC			

Licensed Before ☐ Yes ☐ No Same Location ☐ Yes ☐ No	Address of Nonadjacent Branch Auction Sales Location

Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members
Complete an Entity/Owner Statement (Form MV2844) for each individual listed.

Completely describe other business, if any, engaged in by your firm

Same location? ☐ YES ☐ NO

Will your auction be used to operate a motor vehicle salvage pool in accordance with s.218.50 Wis. Stats? ☐ YES ☐ NO

Complete only ONE of the following:

Is business real estate owned by:	YES	NO
Owner of sole proprietorship	☐	☐
One partner of partnership	☐	☐
Corporate dealership	☐	☐
LLC	☐	☐

If no, send copy of lease.

	YES	NO
Are you licensed as a motor vehicle dealer or motor vehicle salvage dealer at same business location? If yes, give license number(s) _____	☐	☐
Do you understand that sales of motor vehicles shall be confined only to those vehicles offered for sale by licensed motor vehicle dealers and shall be sold ONLY to licensed motor vehicle dealers?	☐	☐

	YES	NO
Do you agree that each motor vehicle sold by this firm shall be sold with the understanding that a clear title to the vehicle will be furnished?	☐	☐
Do you agree to protect and indemnify any aggrieved party including the Division of Motor Vehicles, Department of Transportation of the State of Wisconsin for any claim arising out of the issuance of a Wisconsin title?	☐	☐

NOTE: If the answer is "No" or is left blank, you must obtain Title Insurance for vehicles sold. The policy must be issued by a company licensed by the Office of the Commissioner of Insurance to do business in this state, and a copy of the policy must be attached to this application.

Required surety bond and fee remittance shall be filed with this application. Fee $100.00 made payable to: Registration Fee Trust

I, the undersigned, certify that the answers and statements on this application are true and correct to the best of my knowledge.

See reverse side.

X _____

(Authorized Dealership Agent, Title) (Date)

Following Applies to First-time Dealer Applicant or Application for Amended License Because of Business Relocation or Ownership Change

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A.
If business is located in a town, complete both sections A and B.

Section A

1. Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____ _____ _____
(Signature) (Official Title) (Municipality)

2. Check one box and sign below:
   ☐ A local permit or license is required and has been issued.
   ☐ A local permit or license is not required.

X _____ _____ _____
(Signature) (Official Title) (Municipality)

Section B

County Zoning Approval - required only if business is located in a town.

Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____ _____ _____
(Signature) (Official Title) (County)

If business address on reverse side does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.