

MOTOR VEHICLE AUCTION DEALER TWO YEAR LICENSE APPLICATION

MV2492 10/2019 s.345.17, s.946.32 Wis. Stats.

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

FOR OFFICE USE ONLY	
Issued	Expires

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 Entity	<input type="checkbox"/> Association	If Corporation or LLC, Date Licensed in Wisconsin	State of Incorporation or Organization
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation		
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC		
Licensed Before <input type="checkbox"/> Yes <input type="checkbox"/> No	Same Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Address of Nonadjacent Branch Auction Sales Location	
Name: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town			

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Complete only ONE of the following: Is business real estate owned by: YES NO Owner of sole proprietorship <input type="checkbox"/> <input type="checkbox"/> One partner of partnership <input type="checkbox"/> <input type="checkbox"/> Corporate dealership <input type="checkbox"/> <input type="checkbox"/> LLC <input type="checkbox"/> <input type="checkbox"/> If no, send copy of lease.
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Are you licensed as a motor vehicle dealer or motor vehicle salvage dealer at same business location? If yes, give license number(s) _____	YES NO <input type="checkbox"/> <input type="checkbox"/>
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?	<input type="checkbox"/> <input type="checkbox"/>
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?	YES NO <input type="checkbox"/> <input type="checkbox"/>
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?	<input type="checkbox"/> <input type="checkbox"/>

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)

