



ENTITY/OWNER STATEMENT

Wisconsin Department of Transportation
MV2844 03/2025

NOTE: Complete one form for EACH owner, partner, corporate officer, shareholder of a corporation, association member, Limited Liability Company - LLC member or LLC manager. (Ownership must equal 100%)

Legal Business Name		
Business Entity Type (Check all that apply)		
<input type="checkbox"/> Association	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	
Business Role (Check one)		
<input type="checkbox"/> Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> Manager
<input type="checkbox"/> Member	<input type="checkbox"/> Shareholder	
What percentage of the business, stock in the corporation, or interest in the LLC do you own?		
Your Full Name	First	Last
		M.I.
Other Known Names	First	Last
		M.I.
Your Residence Street Address, City, State, Zip Code		
Email Address	Area Code - Telephone Number, Residence	Birth Date
WI Driver License Number (If applicable)	Social Security Number (Required)	

Provide complete answers to the following questions.

List any other business in which you are engaged.
List any ownership interests in other dealerships.
Have you ever been licensed as a dealer in Wisconsin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Year Last Licensed:
Have you ever been, or are you currently licensed as a dealer in another state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide State license was issued in and year:
Has your dealer license ever been denied, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide State license was issued in and year:
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes - List all conviction(s) and date(s) of conviction(s). If you have been convicted of a crime which may be grounds for the Department to deny your application, you may provide additional documentation as described in s.111.335(4)(d) evidencing your sufficient rehabilitation and fitness to perform the licensed business activity. <i>(Max. 200 characters)</i>
Are any criminal charges pending against you? <input type="checkbox"/> No <input type="checkbox"/> Yes - List date, state, charge, and court. Attach additional explanation if needed. <i>(Max. 200 characters)</i>

False statements on this application are punishable by law and may result in denial, suspension, or revocation of your dealer license. The undersigned states that she or he is either the owner, partner, officer, or association member of the said corporation, association, or Limited Liability Company--LLC member or LLC manager listed under "Legal Business Name."

(Applicant Signature)

(Date)