RECREATIONAL VEHICLE BUSINESS FACILITIES STATEMENT

MV3183 9/2014

Wisconsin Department of Transportation Dealer Section, PO Box 7909 Madison, WI 53707-7909

Telephone: (608) 266-1425

Legal Business Name		Date Facilities Will Be Ready (m/d/yyyy)
Business Address City State ZID Code		<u> </u>
Business Address, City, State, ZIP Code		
— These requirements must be met before a license can be issued. —		
Business Facility Requirements		
☐ 1. A permanent building (may be a residence with restrictions).		
2. An office within the building.		
3. *A repair shop on the premises; OR		
A service agreement with a nearby repair shop. Copy of service agreement attached.		
4. *If provided an outdoor vehicle display lot adjacent to the business office; OR		
All vehicles are displayed indoors.	., -	
5. The building and premises comply with all local zoning, building code and permit requirements.		
6. An exterior business sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.		
7. A sign posted on or adjacent to the entrance door describing business hours.		
* Note: Items 3 and 4 do not apply to sublots.		
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Is the business real estate owned by the dealership entity?		
Yes No – If no, attach copy of signed lease agreement.		
Is more than one motor vehicle business located at this facility?		
☐ Yes ☐ No		
If Yes, describe other business(es):		
There are two additional facilities requirements for businesses that share facilities:		
1. A vehicle display lot, which is separate from areas used by the other business		
2. A copy of the lease agreement between the owner of the property and the dealers.		with a diagram of how the facilities
are shared between the businesses.		
If an inspection determines that the business facilities do not me	et the r	equirements. I will
voluntarily surrender the dealer license, plates, salesperson/representative licenses, buyer's		
licenses, and BID cards issued. I will discontinue operating as a		
verifies that the facilities are in compliance.		•
I declare this is a true and accurate statement. I realize my place of business is subject to inspection and any false statements		
regarding the above requirements will subject my license to revocation, suspension or denial. I, as owner, partner, and officer		
of the corporation, association member, LLC member or LLC manager have authority to sign this statement.		
I certify the place of business listed above meets or will meet all the requirements under Trans 138.03 of the Wisconsin		
Administrative Code. The facilities will be ready on the above indicated date.		
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Applicant Title		
X		
(Applicant Signature)		(Date – m/d/yyyy)