WHOLESALE BUSINESS FACILITIES STATEMENT

MV3188 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)
Durings Address O'to Olate 7/D Ords		
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 reside	ence with restrictions).	
2. An office within the building.	,	
☐ 3. An outdoor vehicle display lot adjacer	nt to the business office; OR	
All vehicles are displayed indoors.		
	n all local zoning, building code and permit requi	
5. 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.		
☐ 6. A sign posted on or adjacent to the entrance door describing business hours.		
Note: Wholesalers must also post notice that sales are restricted to licensed dealers only.		
Is the business real estate owned by the dealership entity? A lease is required for the two year licensing period. If you are unable to secure a two year lease, the initial lease can be for one year; however it must contain a renewal clause for the second year. Yes No – If no, attach copy of signed lease agreement.		
Is more than one motor vehicle business local Yes No If Yes, describe other business(es):	ited at this facility?	
	ts for businesses that share facilities: e from areas used by the other business(es). n the owner of the property and the dealer along	with a diagram of how the facilities
If an inspection determines that the business facilities do not meet the requirements, I will voluntarily surrender the dealer license, plates, salesperson/representative licenses, buyer's licenses, and BID cards issued. I will discontinue operating as a dealer until an inspection 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, 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.		
Applicant Title	1	
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	(Applicant Signature)	(Date – m/d/yyyy)