INSTRUCTIONS FOR COMPLETING A DEALER LICENSE APPLICATION

- 1) If you are an existing Dealer renewing or making changes, please print dealer letter and number in upper right corner.
- 2) Indicate reason for application in upper right corner.
- 3) Check off Dealer Type if applicable. Select the type of dealer based on the majority of your sales or type of license you are applying for: In the case of a Retail Dealer License, you would select Auto if 51% or more of your business is autos, select Moto if 51% or more is motorcycles. Selecting wholesale means you only sell to other dealers.
- 4) Select type of business that you are registered and operating as.
- 5) State whether or not you have ever been licensed as a dealer in NH previously
- 6) Enter Corporate Name if applicable. This must exactly match the way the name is registered with Secretary of State. No abbreviations. All business names must be registered with the Secretary of State per RSA 349:1. A copy of the Good Standing from Secretary of State must be attached. Please visit the Secretary of State's web site at https://www.sos.nh.gov/corporate/soskb/csearch.asp
- 7) Enter Trade Name. If there is no trade name of record and only a corporate name then reprint corporate name or print SAME. All business names must be registered with the Secretary of State per RSA 349:1. A copy of the Good Standing from Secretary of State indicating that the trade name is "Active" must be attached. Please visit the Secretary of State's web site at https://www.sos.nh.gov/corporate/soskb/csearch.asp
 This is the name required on the signage.
- 8) Enter Business Mailing Address. This can be a P O Box and can be updated at renewal time without prior approval.
- 9) Enter Business Legal Address: This is the single, physical location approved by the DMV where the business is conducted. This cannot be changed without prior notification and approval per Saf-C 2003.03.
- 10) Include the business phone number and e-mail address.
- 11) Business hours of operation: List the hours of operation per day. The total hours of operation each week must comply with the Saf-C 2001.15
- 12) List the Owners/Partners/Members of the business that are responsible for business in New Hampshire. The Full legal name, gender, date of birth, driver's license number, **complete** physical **home** address, **home** phone number, signature of **each owner** and the percentage of ownership in the business must be completed. Use an additional sheet of paper if necessary. A criminal record for each owner is required from the state of New Hampshire and the state that person resides in as well for all new applicants. The criminal record must accompany the new applications. Please don't request that they be sent directly to the Dealer desk.

Owner updates require notification in writing 30 days prior to the effective date with the signature of all owners per Saf-C 2009.05. Do not wait until renewal time to update the owners of record. Departing owners will need to sign letters stating they are no longer owners of the business. Dealer licenses are non-transferable.

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- 13) You must answer all of the questions asked. If they are left blank or signatures are missing, the application will be returned.
- 14) If selling, provide an original (not a copy) Surety Bond pursuant to RSA 261:98 in the amount of \$25,000.00 with a raised seal on the bond and original signatures in the exact name and physical address of the dealer as it is registered with the Secretary of State and named on the application. A surety bond must be maintained at all times during the license. If the bond is cancelled or rescinded, the dealer license must be surrendered.
- 15) Provide all copies of supporting documentation required per application i.e. criminal records, a current copy of the lease and or a statement that the lease is in good standing with the landlord if you are a tenant at will. And a current Service Agreement with a currently licensed inspection station with original signatures.
- 16) List all persons, other than owners, authorized to purchase dealer supplies on behalf of the business if applicable. Owners are already authorized.
- 17) If renewing; provide a current inventory of the dealer plate(s), **listed alphabetically**.
- 18) All business personnel should read and understand the Agreement. One owner must sign and date the application.

Note: All applications are subject to approval by the town or city where the dealer is applying. The DMV will be contacting the town to verify their approval. Prior to submitting the completed application to the DMV, the applicant may want to make contact with their appropriate town office or board to see if there are any requirements that must be met or restrictions regarding their proposed business before the town will approve usage of the property for the dealer. All dealers must be in compliance with their town or city at all times.

For more complete information regarding dealer types and associated rules and laws please visit http://www.nh.gov/safety/divisions/dmv/registration/dealers/index.htm Interactive application forms can also be found at this website. Complete the forms on line and print them out, sign and mail them in with all supporting documentation to the Division of Motor Vehicles, Dealer Desk, 23 Hazen Drive, Concord NH 03305 You may want to send the packet "signature required" so that you have confirmation that it was received.

Applications must be received completely filled out and signed with all required attachments included to be considered complete. Incomplete application will be returned and that will slow down the process.

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STATE OF NEW HAMPSHIRE NH DEPARTMENT OF SAFETY Division Of Motor Vehicles

23 Hazen Drive, Concord, NH 03305 603- 227-4120

NEW
RENEWAL
LOCATION CHANGE
NAME CHANGE
REGISTRATION

NIEW.

APPLICATION FOR TRANSPORTER REGISTRATION RSA 259:114

BUSINESS IS: CO	RPORATION [_ PARTNERSHIP _	SOLE PROPRIETOR SS	/FED ID #:
Have you ever had another	dealer license?	YES 🗌 NO 🗌 I	f yes, what name and type	?
CORPORATE NAME:				
Al	l businesses must	be registered with the NH	Secretary of State per RSA 349:1	. Please <u>attach</u> a copy of good standing.
TRADE NAME:				
All busine	esses must be regis	stered with the NH Secret	ary of State per RSA 349:1. Please	e <u>attach</u> a copy of good standing.
BUSINESS MAILING ADDF		P.O. Box	Town/City	Zip Code
BUSINESS LOCATION:				
	Street		Town/City	Zip Code
BUSINESS TELEPHONE N	UMBER:		FAX NO:	
BUSINESS EMAIL (optiona	l):			
BUSINESS HOURS (indicat	te days and hour	s pursuant to RSA 261	:103 and SAF-C 2001:15):	
Monday:	Tuesday:		Wednesday:	
Thursday:	Friday:		Saturday:	Sunday:
OWNERS/PARTNERS/AND IF	A CORPORATION	N, OFFICERS/MEMBERS	WHO WILL BE THE RESPONS	IBLE PARTY FOR THE NH BUSINESS:
PLEASE ATTACH ADDITION	AL SHEETS IF NE	EDED)		
Full Legal Name:	Gender:	Date of Birth:	Driver License #:	% of Ownership:
Complete Physical Home	Address:	Home Phone:	Signature:	
Complete i flysical flome	Address.	Home I hone.	Oignature.	
Full Lord Name	Condon	Date of Dinth.	Deivon Lineano #	0/ of Ourneyship.
Full Legal Name:	Gender:	Date of Birth:	Driver License #:	% of Ownership:
Complete Physical Home	Address:	Home Phone:	Signature:	
1. Are you engaged in m	oving any moto	or vehicle or trailer ov	vned by another person, wl	hich requires registration for use
upon a way for busine		YES NO [•	

2. Do you provide repossession service per RSA 259:114 II? YES NO

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Fees are based on a two year application and reflect even year renewals. Odd year renewals may be prorated when applicable.

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