

## 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.

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.



Robert L. Quinn  
Commissioner of  
Safety

John C. Marasco  
Director of Motor  
Vehicles

**STATE OF NEW HAMPSHIRE  
NH DEPARTMENT OF SAFETY  
Division Of Motor Vehicles**  
23 Hazen Drive, Concord, NH 03305  
(603)-227-4120  
TDD Access: Relay NH 7-1-1

- NEW
- RENEWAL
- LOCATION CHANGE
- NAME CHANGE
- DEALER #: \_\_\_\_\_

**APPLICATION FOR RETAIL DEALER LICENSE AND REGISTRATION  
RSA 261: 103 & RSA 261:103-a**

**DEALER TYPE:**  NEW and/or USED  MOTORCYCLE  WHOLESALE

**BUSINESS IS:**  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR **SS/FED ID #:** \_\_\_\_\_

Have you ever had another dealer license? YES  NO  If YES, what name and type? \_\_\_\_\_

**CORPORATE NAME:** \_\_\_\_\_  
All businesses must be registered with the NH Secretary of State per RSA 349:1. Please attach a copy of good standing.

**TRADE NAME:** \_\_\_\_\_  
All businesses must be registered with the NH Secretary of State per RSA 349:1. Please attach a copy of good standing.

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
Street/P.O. Box Town/City Zip Code

**BUSINESS LEGAL ADDRESS:** \_\_\_\_\_  
Street Town/City Zip Code

**BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_

**BUSINESS EMAIL** (optional): \_\_\_\_\_

**BUSINESS HOURS** (indicate days and hours pursuant to RSA 261:103 and SAF-C 2001.15):  
Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

**OWNERS/PARTNERS/AND IF A CORPORATION, OFFICERS/MEMBERS WHO WILL BE THE RESPONSIBLE PARTY FOR THE NH BUSINESS: (PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)**

**Full Legal Name: Gender: Date of Birth: Driver License #: % of Ownership:**

**Complete Physical Home Address: Home Phone: Signature:**

**Full Legal Name: Gender: Date of Birth: Driver License #: % of Ownership:**

**Complete Physical Home Address: Home Phone: Signature:**

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**Complete Physical Home Address: Home Phone: Signature:**

**Full Legal Name: Gender: Date of Birth: Driver License #: % of Ownership:**

**Complete Physical Home Address: Home Phone: Signature:**

- 1. If a new applicant, have you attached a criminal background check for each Owner/Partner/Officer? YES  N/A
- 2. All business names must be registered with the NH Secretary of State. Please attach a proof of "**Good Standing**" for the corporate name and verification of an "**Active**" trade name.
- 3. Is the required Dealer's Bond on file with the Division of Motor Vehicles (RSA 261:98)? YES  NO  If YES, please list the name of the insurance company.

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A current original bond, that is signed and sealed, in the business name and business location address is required.

- 4. Are you principally engaged in the motor vehicle business? YES  NO
- 5. If you are a Wholesale Dealer Applicant, are you exclusively engaged in selling to Dealers only? YES  NO  N/A
- 6. Are you a dealer in Motorcycles? YES  NO
- 7. Do you own or lease the premises? OWN  LEASE  If leased, a copy of the current lease must be provided.
- 8. Do you hold a manufacturer's franchise or contract? YES  NO  If YES, please provide the name of the Manufacturer.

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9. Do you furnish an inspection service? YES  Station # \_\_\_\_\_ NO.  If NO, please attach a Service Agreement with a current NH licensed Inspection Station.

10. Is the location a permanent physical structure that has at least 750 square feet, or is primarily dedicated to the business of selling vehicles (RSA 259:29-a III (b)) YES  NO

11. Do you intend to sell motor vehicles? YES  NO  If YES, please check one: NEW  USED  BOTH

12. Is the business name clearly and conspicuously displayed on a business sign in letters no less than 10 inches in height and clearly visible from a traveling vehicle on the adjacent public way? (RSA 259-29-a (c)) YES  NO   
If NO, explain

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13. Do you agree to comply with all state and federal requirements regarding selling, titling and financing of vehicles? YES  NO

14. Has any owner of the business ever been convicted of a crime that has not been annulled by a court or ever been subject to a civil judgment connected with a motor vehicle business? YES  NO  If YES, please attached an explanation.

**LIST PERSONS AUTHORIZED TO PURCHASE 20-DAY TEMPORARY PLATES ON BEHALF OF YOUR BUSINESS:**

Full Legal Name:	Gender:	DOB:	Full Home Address:	Driver License #:	Signature:
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**FOR RENEWAL ONLY:**

A. Has there been any change in ownership or location of this business which has not been previously reported in writing to the Director?

YES  NO

B. Please conduct a physical inventory of all plates issued to your business and list them by letter and location/assignment, in alphabetical order (attached additional sheet if necessary):

_____	_____	_____	_____	_____	_____
Plate #	Plate #	Plate #	Plate #	Plate #	Plate #
_____	_____	_____	_____	_____	_____
Plate #	Plate #	Plate #	Plate #	Plate #	Plate #
_____	_____	_____	_____	_____	_____
Plate #	Plate #	Plate #	Plate #	Plate #	Plate #
_____	_____	_____	_____	_____	_____
Plate #	Plate #	Plate #	Plate #	Plate #	Plate #

C. List any lost/stolen plate(s) not previously reported to the Director of Motor Vehicles and submit a Lost Plate form RDMV 125A for each plate:

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<b><u>LICENSE FEE:</u></b>		<b><u>RENEWAL PLATE FEES:</u></b>		<b><u>MOTORCYCLE RENEWAL PLATE FEES:</u></b>	
<b>(IF SELLING)</b>	<b>Add</b>	First Plate:	\$400.00	First Plate:	\$24.00
\$250.00		Each Additional Plate:	\$24.00	Each Additional Plate:	\$6.00
				Car Size Plate:	\$24.00

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

**AGREEMENT**

In consideration of our application for a vehicle dealer license, this business does hereby agree to be familiar with, and abide by all applicable statutes and rules, to be principally engaged in the motor vehicle business. And also certify that the location and operation of my business does not violate any existing local ordinance or regulations, and agree to notify the Director of the Division of Motor Vehicles in writing of any change of address or business status, including ownership, 30 days prior to the effective date of such change. I further understand that a violation of any of the rules and regulations issued by the Director, Division of Motor Vehicles will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

OWNER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.**