



APPLICATION FOR WYOMING VEHICLE DEALER AND MANUFACTURER LICENSE

Please check the appropriate box and answer every question as it applies to your business. Please type or print legibly.

FOR WYDOT USE ONLY	
License Number	
Expiration Date	
Date Mailed	

STEP # 1	<input type="checkbox"/> New Application <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change				
	<input type="checkbox"/> Renewal Application (License Number _____) <input type="checkbox"/> Adding Additional Business Location				
	License Type-(CHECK ONLY ONE TYPE)				
	<input type="checkbox"/> Used Vehicle Dealer (Retail Sales of 12 or MORE per Year)		<input type="checkbox"/> New Vehicle Dealer		
<input type="checkbox"/> Used Vehicle Dealer (LESS than 12 Retail Sales per Year)		<input type="checkbox"/> Wyoming Based Manufacturer			
STEP # 2	LICENSEE INFORMATION				
	Legal Name of Applicant (Corporate, LLC, Partner(s), or Sole Proprietor)				
	DBA/Trade Name (Name under which business will be operated)				
	Physical Address of Principal Place of Business (No PO Box)		City	State	ZIP
	Address of any additional place of business operated as a dealership or manufacturer in the same county as principal place of business				
	Address		City	State	ZIP
	Address		City	State	ZIP
	Address		City	State	ZIP
	Mailing Address (If other than Principal Place of Business)		City	State	ZIP
	Business Phone Number		Fax Number	Toll Free Number	Cell Number
	DEALERS ONLY: List a person to set up online temp permits		Email of person setting up online issue of temporary permits		
	Phone Number of person setting up online temporary permits		*Previously unlicensed dealers will receive an E-tag sign on Email once the license is issued *		
	Land/Property is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented		Building is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented		
	If leased or Rented, From Whom? (Attach a copy of the lease or rental agreement on all property not owned by the applicant, but being used to conduct business as applied for).				
	Address of Lessor or Landlord		City	State	ZIP
Date Lease or Rental Agreement Expires		Phone Number of Lessor Or Landlord			

TYPE OF OWNERSHIP-(CHECK ONE)				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> General Partnership (Includes Husband and Wife)		<input type="checkbox"/> Joint Venture		<input type="checkbox"/> Sole Proprietorship
You must include Articles of Incorporation or Organization if this is a new application or if any change has been made to your current company. (This provision only applies to Corporations, LLC's or Limited Partnerships.)				
If you are an OUT OF STATE Corporation, LLC, or Limited Partnership, you MUST register with the Wyoming Secretary of State's office before commencing business in Wyoming. (You must include documentation that you have met this requirement) You may contact the Wyoming Secretary of State at (307)777-7311 for questions and required documentation as necessary.				
Incorporated Under the Laws of the State of			Date of Incorporation	
Date Registered with the Wyoming Secretary of State's Office				
State of Wyoming Sales or Use Tax Number for this Business (Include a copy of the Sales Tax License if you are a new applicant or applicant with a Sales Tax License change.)				
Federal Employer Identification Number (FEIN) or Social Security Number used for this business (Include proof that this number matches the business if you are a new applicant or applicant with a number change.)				
List all Owners, Partners, Members, or Corporate Officers of the company or business (Attachments may be included with application if necessary)				
Name		Date of Birth	Social Security #	Title
Home Address (Not the business address)		Personal Phone #	City	State ZIP
Name		Date of Birth	Social Security #	Title
Home Address (Not the business address)		Personal Phone #	City	State Zip
Name		Date of Birth	Social Security #	Title
Home Address (Not the business address)		Personal Phone #	City	State ZIP
Name		Date of Birth	Social Security #	Title
Home Address (Not the business address)		Personal Phone #	City	State Zip
Has the applicant, any agent, any sales person, any partner, any LLC member or manager, or any corporate stockholder, director, or officer of the company in the past ten years from the date of this application, been involved in any criminal, civil or administrative actions related to the conduct of a vehicle dealer or manufacturer?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending				
If YES or PENDING was checked, please attach disposition or written explanation. According to Wyoming Statute, The Department may deny, suspend, revoke or refuse to issue a license to any applicant who has violated any rule, regulation, or statute relating to dealers or Wyoming based manufacturers.				
Name of Contact person for the Business			Title	
Home Address of Contact person		City	State	ZIP
Phone Number(s)				

THIS SECTION APPLIES TO VEHICLE DEALERS

List declared Business Hours for the location applied for in the previous section. Hours must be posted at the Principal Place of Business. (Example: 8AM to 5PM, Monday through Friday)

Repossession Companies: List Number of Repos Made per year

Financial Institutions: List Number of Repo Sales Made per year

List the number of (retail) sales made during the twelve (12) full consecutive months preceding the date of this application. If you are a new applicant, you may estimate the number of expected retail sales to be made in a twelve (12) consecutive month period. Do not include watercraft or snowmobiles.

_____ **Total Retail Sales made in the past 12 full consecutive months.**

Out of the totals above, list the number of sales that were trucks with an Unladen Weight Greater than 6,000 lbs, **OR** motorhomes.

This section certifies that the address of the principal place of business meets all the following requirements under the vehicle dealer licensing law and department rules and regulations.

Check the boxes below that apply to your business, indicating the applicant(s) meet(s) the requirements and complies with them as of the date of this application.

Financial Institutions and Repo Companies may skip the step below.

- Business is located in a permanent building. (Defined as a roofed and walled structure built for permanent use, and NOT used primarily as a residence OR part of a residence.)
- Daily dealer's records of inventory will be stored in the principal place of business.
- Space available to display at least five (5) or more vehicles. (This requirement only applies to dealers selling twelve (12) or more vehicles per year.)
- An exterior sign must be permanently displayed on the building or land indicating the nature of the business. Dealers selling less than 12 vehicles per year shall include the landline telephone number of the business
- Sign is clearly visible from the roadway.
- A business telephone is located inside the principal place of business and the number is published in the dealership name.
- Dealer will occupy building on a continuous basis. (A separate written notice is required if dealer is NOT going to occupy the building on a continuous basis.)
- Clear color photos submitted with application showing building, sign, and vehicle display area. Dealers selling less than 12 vehicles per year must submit a photo of the building and permanent sign. (This requirement applies only to: dealers who change business location OR previously unlicensed dealers.)
- Attach a letter of approval from city or county stating business location is approved for vehicle sales. (This requirement applies only to: dealers who change business location OR previously unlicensed dealers.)
- Property leased or rented. (Attach Lease or Rental Agreement)

USED VEHICLE SALES

List the Types of **USED** Vehicles you will be Selling: (Motorcycles, Trailers, Cars, Trucks, ATVs (**DO NOT INCLUDE WATERCRAFT or SNOWMOBILES**))

NEW VEHICLE AND FRANCHISE DEALERS ONLY

List Make(s) and Type(s) of New Vehicles that you sell in Wyoming (Ex: Ford Pass. Cars, GMC Light Duty Trucks, Lariat Trailers)

List names of Manufactures or Distributors with whom you have an agreement to sell each of the Above listed makes of vehicles

Attach copies of the complete dealer sales and service agreement or approval letter for each manufacturer listed.

STEP #5	THIS SECTION APPLIES TO WYOMING BASED MANUFACTURERS		
	List the make and type of Vehicle to be manufactured		
	Number of Vehicles to be manufactured or assembled in the next twelve (12) months		
	Number of manufacturer plates required		
STEP #6	\$\$\$ ANNUAL LICENSE FEES \$\$\$		
	\$100.00	One hundred dollars for ALL vehicle dealers who sell twelve (12) or more vehicles in the twelve (12) full months preceding the date of application.	
	\$25.00	Twenty five dollars for all vehicle dealers who sell less than twelve (12) vehicles in the twelve (12) full months preceding the date of application	
	\$100.00	One hundred dollars for Wyoming based manufacturers.	
	\$\$\$ BOND AMOUNT \$\$\$ (New applicants must wait until approved by the Department before submitting bond)		
	\$25,000.00	Twenty-five thousand dollars with a corporate surety duly licensed to do business within this state. The bond is required from ALL vehicle dealers and Wyoming based Manufacturers. For renewals, the bond must be included with the application.	
The bond is conditioned that the applicant shall not practice any fraud, fraudulent misrepresentations, or violate any federal or state law, rule or regulations relating to the conduct of the business. The bond may be forfeited to the department if the applicant(s) violates this provision.			
STEP #7	I hereby swear or affirm under penalty of perjury that all information on this application is true and correct. I realize that my place of business is subject to inspection and any false statements regarding the above requirements could subject my License or application to denial, suspension or revocation, and could result in forfeiture of the surety bond. I, as owner, partner, officer, or other authorized agent of the company, have the authority to sign this application.		
	Printed name	Title	
	Signature	Date	
STEP #8	APPLICANT SHALL MAIL THIS APPLICATION AND FEE TO: WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 FOR ADDITIONAL INFORMATION: Phone: 307-777-4717 or email mvsplates@wyo.gov		
FOR WYDOT USE ONLY			
___ Total Regular Sales	___ Total Heavy sales	___ Total of all Sales	___ Manufacturer Plates
___ Number of Demo Plates Authorized	___ Number of Full Use Plates Authorized		