

**NORTH CAROLINA STATE HIGHWAY PATROL  
INVESTIGATIVE SERVICES UNIT – DEALER SECTION  
3129 MAIL SERVICE CENTER, RALEIGH NC 27697-3129**

**APPLICATION FOR NEW DEALER LICENSE OR CHANGES TO EXISTING LICENSE**

New License \_\_\_\_\_ Current/Original License Number \_\_\_\_\_ Additional Location ( Yes  No)

Name Change       Address Change       Dealer Modification       For Record Only Change  
(Excluding ISU-400B changes)

The undersigned hereby applies for a license to engage in the business of buying, selling, or dealing in motor vehicles or offering or displaying motor vehicles for sale as provided by Article 12, Chapter 20 of the North Carolina General Statutes and gives the following information.

1. Check which type of license being applied for: (All dealer licenses are issued for 2 years; fees below reflect the annual rate)

Dealer License (\$115.50)     Wholesale Dealer License (\$115.50)     Factory Branch License (\$167.25)  
 Distributor License (\$115.50)     Manufacturer Dealer License (\$250.50)     Predetermination Hearing Fee (\$45.00)  
Ownership Type:     Individual     Partnership     Limited Partnership     Corporation     LLC

2a. Complete Firm Name: \_\_\_\_\_

2b. DBA name(s). If operating with a different name, you must provide an assumed name filing:

(Assumed business names filed before December 1, 2017, expired on December 1, 2022, and must be renewed to stay active)

\_\_\_\_\_

3. Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Business Contact #: \_\_\_\_\_

**Please note: A Post Office Box must be in the same city as the Dealership.**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you previously been issued a license as a manufacturer, factory branch, factory representative, distributor, distributor branch, or distributor representative? No  Yes  If yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

If you hold a franchise or manufacture, assemble or distribute motor vehicles, please provide the requested information below. **It is your responsibility to verify that the manufacturer you hold an agreement with is eligible to do business in North Carolina.** You must attach a copy of your franchise agreement.

<u>MANUFACTURER/DISTRIBUTOR/WHOLESALE</u>	<u>ADDRESS</u>	<u>NC LICENSE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Corporations/LLC Name (if other than firm name): \_\_\_\_\_

Date Incorporated/Filed: \_\_\_\_\_ State: \_\_\_\_\_

If not incorporated under Laws of North Carolina, are you in compliance with N.C.G.S. § 55-15.01?  Yes  No

A North Carolina Certificate of Authority must be filed for an out of State Corporation. Date Filed: \_\_\_\_\_

5. Print/type age, name, address and title of owner, partners, members (LLC) or officers (Corporation) below:

<u>AGE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. If partnership, date of partnership: \_\_\_\_\_

7. If a corporation, as (title): \_\_\_\_\_ are you authorized to bind the corporation by your signature?  YES or  NO \*Initial: \_\_\_\_\_

8. List additional locations within North Carolina owned by you at which motor vehicles are sold:

(Include additional pages or attachments as necessary)

\_\_\_\_\_  
\_\_\_\_\_

9. **Qualifying Sales Representative:** A person who works at least 25 hours per week on a regular basis and is compensated by the dealer for his work.

How many qualifying sales representatives do you have employed \_\_\_\_\_

10. If a business is to be operated under any designation, name or style, other than the real name of the owner, or owners or under its corporate name, an "assumed" name must be filed with the Register of Deeds in the County in which the business is to be operated and proof of that filing must accompany this application. Is it attached?

YES or  NO

11. Applicant's home address during the past 5 years:

(Include additional pages or attachments as necessary)

\_\_\_\_\_  
\_\_\_\_\_

12. State your previous businesses or occupations and addresses during the last 5 years. List firms or organizations and positions held, with dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Retail.** An “established salesroom” as defined by N.C.G.S. § 20-286(6) means an office containing at least 96 square feet in a permanent enclosed building, with a sign in block letters not less than three (3) inches high designating the trade name of the business and at which a permanent business of trading, bartering and selling motor vehicles will be carried on in good faith. Does your office meet the requirements of an “established salesroom?”  YES or  NO

**Wholesaler.** An “established office” as defined by N.C.G.S. § 20-286(5a) means an office containing at least 96 square feet in a permanent enclosed building and is a place where the books, records and files required by the Division under this Article are kept. Does your office meet the requirements of an “established office?”  YES or  NO

Will the applicant in good faith carry on said business and keep and maintain the books, records and files which will be available at all reasonable hours for inspection by the members of the North Carolina State Highway Patrol?  YES or  NO

Please print full name of responsible individual: \_\_\_\_\_

14. If application is for a “used motor vehicle dealer license”, has the applicant completed a 12-hour licensing course approved by the Division as required by N.C.G.S. § 20-288(A1) within the last twelve (12) months?  YES or  NO  
**If yes, attach the certificate.**

15. Will applicant keep a book of record of the purchase, sale or exchange, or receipt for the purpose of sale, of any motor vehicle, a description of such motor vehicle, together with the name and address of the seller, the purchaser and the alleged owner or other person from whom such motor vehicle was purchased or received or to whom it was sold or delivered, as the case may be?  YES or  NO

Such description shall include the identification number, and such other numbers or identification marks as may be thereon and shall also include a statement that a number has been obliterated, defaced or changed, if such is the fact and shall be maintained for five (5) years.

16. Before a dealer’s license can be issued, the location and type of business must be in compliance with all zoning ordinances or regulations. Have you determined from the proper authorities that your dealership and its location is in compliance with zoning ordinances or regulations?  YES or  NO **If yes, attach the approval letter.**

17. AS THE APPLICANT, I HEREBY CERTIFY THAT EACH PERSON LISTED IN ABOVE PARAGRAPH 5:

- (1) Have been convicted of an offense set forth under N.C.G.S. § 14-71.2, 20-106.1, 14-160.4 or 20-112 within 5 years next preceding the date of filing the application.  YES or  NO \*Initial: \_\_\_\_\_
- (2) Have been convicted of a crime: (a) possibly related to the prospective duties of the applicant as a licensee; or (b) violent or sexual in nature and responsibilities for holding a sales representative license; or (b) violent or sexual in nature.  YES or  NO \*Initial: \_\_\_\_\_
- (3) Have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked.  YES or  NO \*Initial: \_\_\_\_\_
- (4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle dealers or sales representatives and will cooperate with the Division and NCSHP in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of our/ my knowledge and belief.  YES or  NO \*Initial: \_\_\_\_\_

In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:

- (1) The level and seriousness of the crime.

- (2) The date of the crime.
- (3) The age of the individual at the time of the crime.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (6b) A Certificate of Relief granted pursuant to G.S. 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) Any affidavits or other written documents, including character references.

**If you answered "YES" to questions (1), (2) or (3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (1) through (8) that the Division shall consider.**

**Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20- 294 may authorize the denial of the application.**

**If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.**

- 18. Have you or any member/officer of this partnership, corporation or LLC, completed or is currently enrolled in a rehabilitated drug or alcohol treatment program?  YES or  NO If yes, please provide proof.
- 19. Have you or any member/officer of this partnership, corporation or LLC, ever been refused, or had a dealer's license certificate revoked or suspended?  YES or  NO If yes, attach a statement giving facts and/or Official Hearing Decision order granting you a license.
- 20. List below the designee or individual who is responsible for the day-to-day operation of the dealership. The individual designated must be of good character and have a reputation for honesty. The named individual is responsible for the acts of all sales representatives employed by you while acting as your agent.

Full Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 21. N.C.G.S. § 20-290 requires a motor vehicle dealer to specify the location of each place of business occupied or to be occupied. After having been issued a license and you plan to relocate or terminate your business, will you notify the North Carolina State Highway Patrol prior to relocating or terminating such business?  YES or  NO
- 22. Will applicant have in their possession a duly assigned certificate of title from the owner of each motor vehicle in accordance with the provisions of Chapter 20 of North Carolina General Statutes from the time when the motor vehicle is delivered to him until it has been disposed of by him?  YES or  NO
- 23. Will applicant see to it that all motor vehicles in his possession are operated with proper license plates attached?  
 YES or  NO
- 24. Will applicant comply with the laws and regulations governing the use of dealer license plates and dealer transporter plates?  YES or  NO

25. Is applicant familiar with provisions of applicable laws and Dealer Rules and Regulations?  YES or  NO
26. Prior to the issuance or renewal of a motor vehicle dealer, manufacturer, distributor, distributor branch, factory branch or wholesaler license, the applicant must have on file with the NC State Highway Patrol, a surety or cash bond in the amount of \$50,000 or the equivalent thereof. Is the original signed bond attached?  YES or  NO
27. If application is for an additional location, applicant must have on file with the Commissioner of Motor Vehicles a surety or cash bond in the amount of \$25,000 for the fixed equivalent thereof. Is the original signed bond attached?  YES or  NO

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran’s Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

28. Is the owner, partners, or any members of the corporation, listed on this application, active-duty military, a military veteran, or a military spouse?  YES or  NO

If yes, complete the below information:

Name	Active-Duty Military	Military Veteran	Military Spouse
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
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	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO

**Please see the next page for the required certification.**

**CERTIFICATION**

I certify as proprietor, partner, or corporate officer of this firm, I have authority to sign and submit this application and the statements contained therein are true and correct. I further certify on behalf of said firm, including myself, that every owner, partner or corporate officer is familiar with the North Carolina Motor Vehicle Dealers and Manufacturers Licensing Law and with other North Carolina laws governing the conduct and operation of the business for which license is sought; and will comply with the provisions of these laws and with all North Carolina Dealer Rules and Regulations; and further, will cooperate with the North Carolina State Highway Patrol in eliminating fraudulent sales, the employment of fraudulent sales, the employment of fraudulent devices, methods or practices, unfair competition, deceptive or misleading advertising and particularly the advertisement for sale of used motor vehicle as new motor vehicles.

Complete Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

\_\_\_\_\_(Name(s) of principal(s))

Notary Signature: \_\_\_\_\_ Notary Printed or Typed Name: \_\_\_\_\_

(SEAL)

My Commission Expires: \_\_\_\_\_

**FEES AND INSURANCE CERTIFICATION**

This is to certify that I have garage liability insurance with \_\_\_\_\_ policy no. \_\_\_\_\_ as required by the North Carolina Financial Responsibility Act of 1957 and certify that there has not been a license plate revocation. A copy of your garage liability certificate must be attached.

Dealer License Certificate- \$ \_\_\_\_\_ x 2 years = \$ \_\_\_\_\_

Quantity of first 5 plates \_\_\_\_\_ x Plate fee of \$46.25/year + RTA Fee (if applicable, see below) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Quantity of additional dealer plates \_\_\_\_\_ x Plate fee of \$23.13/year + RTA Fee (if applicable) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Quantity of dealer transporter plates \_\_\_\_\_ x Plate fee of \$23.13/year + RTA Fee (if applicable) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Regional Transit Authority (RTA) Tax Fees – In counties where a special tax has been authorized, an additional fee for each plate per year will be due as indicated:**

**Wake, Orange, and Durham Counties: \$17.00 per plate/year. Randolph County: \$1.00 per plate/year**

Number of Sales Representative applications (ISU-426) attached \_\_\_\_\_ x \$25.50/year/individual = \$ \_\_\_\_\_

Number of Temporary Marker sets requested \_\_\_\_\_ at \$25.00 per set of 25 = \$ \_\_\_\_\_

TOTAL FEES PAID: \$ \_\_\_\_\_