

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

APPLICATION FOR DEALER LICENSE CHANGES TO EXISTING LICENSE

Dealer License Number: _____ (For Record Only Change)

Corporate Officer Change/Addition-No more than 50% stock change

LLC Member Change/Addition-No more than 50% stock change

***Please note: If you are operating as Partnership/Limited Partnership, or if more than 50% of your stock has changed hands, you must see a local NCSHP office to make the appropriate changes to your license.**

***Filing this application with the Dealer Section will not update your Secretary of State record. It is your responsibility to contact the Secretary of State to file the appropriate amendments prior to submission.**

***You must include Corporate/Meeting Minutes along with this application in order to make these changes. Filing this application with the Dealer Section will not update your Secretary of State record. It is your responsibility to contact the Secretary of State to file the appropriate amendments prior to submission.**

***If your corporate structure is complex, please also include a diagram of your corporate umbrella.**

The undersigned hereby applies for a license to engage in the business of buying, selling, engaging 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. *Ownership Type: Corporation LLC

2. Complete Firm Name: _____

DBA (If operating with a different name): _____

3. Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Business Telephone Number _____

(Please note: A Post Office Box must be in the same city as the Dealership)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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: _____

4. Print or type name, address and title of members (LLC) or officers (Corporation) below (use the back if necessary):

NAME	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 employments 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.

I hereby certify that neither myself nor any other owner, partner or corporate officer has been convicted of receiving or transferring stolen vehicles (N.C.G.S. § 14-71.2), fraud in connection with rental vehicles (N.C.G.S. § 20-106.1), injuring or tampering with vehicles (N.C.G.S. § 14-160.4), making a false affidavit-perjury (N.C.G.S. § 20-112), or odometer fraud (N.C.G.S. § 20-243), within five years next preceding the date of filing this application for license; nor have I ever been convicted in the past of a crime directly related to the duties and responsibilities for the licensed occupation or the conviction is for a crime that is violent or sexual in nature under the laws of this State, another State or the United States.

Complete Firm Name: _____

Printed Name _____ Title _____

Signature _____ Date _____

ACKNOWLEDGEMENT

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public _____ (SEAL)

Address _____

My Commission Expires _____