



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1  
(Rev. 11/17)

**NOTE:** This form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application. Submit original bond and power of attorney with application.

<b>I.</b>	<b>Check One</b>	<input type="checkbox"/> Renewal <input type="checkbox"/> First Time Application <input type="checkbox"/> Change of: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Category <i>(NOTE: Contact Dealer License Unit to determine if a new bond is required.)</i>	<b>Check One</b>	<input type="checkbox"/> Wholesale Auction <input type="checkbox"/> Motorcycle Wholesale <input type="checkbox"/> Dealer (Retail/Wholesale)	<input type="checkbox"/> Wholesale <input type="checkbox"/> Motorcycle <input type="checkbox"/> Travel Trailer
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<b>II.</b>	<b>I (we) hereby apply for license to engage in the PRINCIPAL BUSINESS of selling or dealing in motor vehicles within the State of South Carolina.</b>										
Name of Dealership											
Dealership Street Address											
City		State		ZIP		County					
Special Mailing Address				City		State		ZIP			
Telephone Number:				E-mail Address							
<b>Check Only One:</b>		<input type="checkbox"/> Franchised		<input type="checkbox"/> Non-franchised							
If franchised, list Make(s) of Vehicles:		1.		2.		3.					

<b>III.</b>	<b>DEPARTMENT USE ONLY</b>										
Dealer License #		License Year		Date of Issue		/ /		Specialist's Code			
<b>Fee Schedule:</b>					<b>Demonstration Plates Assigned:</b>						
		Dealer/Wholesaler License Fee (\$50.00)			No.			No.			
		Demonstration Plate (\$20.00 per plate)			No.			No.			
		Total			No.			No.			
<b>Check One Statement:</b>		<input type="checkbox"/> Information below is the same as on computer file				<input type="checkbox"/> Changes made to information below					

<b>IV.</b>	<b>1. Do you have a surety bond in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>									
<b>Name of Surety Company</b>						<b>Name of Liability Insurance</b>				
Address of Surety Company <i>(Street, City, State, ZIP)</i>						Name of Policyholder				
Surety Bond #						Policy #				
Effective Date		/ /		to / /		Effective Date		/ / to / /		
Name of Principal						Name of Agent/Agency				
Telephone # of Bond Comp.		- -				Telephone # of Agent		- -		

<b>2. Was the business a licensed dealer/wholesaler during previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>										
If yes, list the license #						Indicate # of demonstration plates assigned				
Average # of employees during previous year										
		# of Motor Vehicles			# of Travel Trailers			# of Motorcycles		
<b>PURCHASED (during previous year)</b>										
<b>SOLD (during previous year)</b>										
<b>First time dealers or dealers licensed less than one calendar year.</b>		I hereby estimate that I will sell approximately _____ motor vehicles and will insure _____ plates during the upcoming year. I understand that the number of license plates may be increased or decreased according to actual sales.								

<b>3. Was the business a licensed dealer/wholesaler during previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>									
Are there any records for each vehicle transaction indicated in question two (2) which reflect the following:									
A. Dates of purchase and sale		<input type="checkbox"/> Yes <input type="checkbox"/> No							
B. Vehicle Identification Number		<input type="checkbox"/> Yes <input type="checkbox"/> No							
C. Name and address of seller, purchaser, and copy odometer statement from seller to dealer/wholesaler and from dealer/wholesaler to purchaser. <i>If no, explain on a separate sheet of paper.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No							



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4. Sales Tax number assigned by S.C. Department of Revenue	(Sales Tax #):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have monthly sales tax reports been filed with the S.C. Department of Revenue?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you sell motor vehicles on credit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If yes to (#6), have you filed any credit notifications or maximum rate documents with the department of Consumer Affairs?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a Dealer's Manual? ( <b>Note:</b> The dealer annual is available at <a href="http://scdmvonline.com">scdmvonline.com</a> )			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is your business financially backed by another person or business? If yes, give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you a subsidiary company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business financially back any other dealer or wholesaler?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list name and address of business:				
Name			Address	
11. Has the applicant, owner, sales personnel or agent been licensed as a motor vehicle dealer? If yes, answer the following <b>on a separate sheet of paper</b> : <b>a)</b> name of business, <b>b)</b> address, and <b>c)</b> the dates the business was in operation. Also indicate whether any claims or charges of fraudulent or deceptive trade practices or odometer rollbacks were brought against these individuals or entities.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Has the owner, applicant, sales personnel, or agent ever been convicted of any offense involving any motor title or registration, auto theft, or odometer rollbacks? If yes, give: <b>a)</b> details, <b>b)</b> name and address of court, <b>c)</b> date of convictions, <b>d)</b> offense convicted of, and <b>e)</b> punishment imposed <b>on a separate sheet of paper</b> .			<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has the owner, applicant, sales personnel, or agent allowed the use of demonstration plates to operate wrecker in use by the business or to operate vehicle owned by the business that are leased or rented by the public? If yes, give details <b>on a separate sheet of paper</b> .			<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has the licensed or demonstration plates of your business or any employee of your business ever been suspended or revoked or subject to suspension revocation? If yes, give details <b>on a separate sheet of paper</b> .			<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. List: <b>a)</b> complete name (do not use initials), <b>b)</b> address, and <b>c)</b> driver's license number of the actual owner of the business. (Any person who has at least 10% ownership in the business). Please list additional owners <b>on a separate sheet of paper</b> .				
Name of Owner			Residence Address	
			Driver's License No.	
16. List: <b>a)</b> name, <b>b)</b> address, and <b>c)</b> driver's license number of principal sales manager of your business. Please list additional managers <b>on a separate sheet of paper</b> .				
Name of Sales Manager			Address of Sales Manager	
			Driver's License No.	
17. List: <b>a)</b> name, <b>b)</b> address, and <b>c)</b> driver's license number of employees/agents of your business. Please list additional employees/agents <b>on a separate sheet of paper</b> .				
Name of Employee/Agent		Address of Employee/Agent		Driver's License No.
18. Has the applicant met all requirements with the city or county where you're requesting to be licensed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**V.** Under penalties of perjury, I declare that I am the owner, partner or corporate officer of the business named on this application and that all of the information is true and correct. I further understand that false responses to these questions may result in suspension or revocation of the motor vehicle license being sought and may subject me to prosecution for perjury and other criminal offenses. I have freely and knowingly executed the formalities of an oath in this affirmation and I hereby certify that I am authorized to apply for the license

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 Signature of Owner or Corporate Officer (Entity Owned)      Print Full Name (of person signing)      Date

**MAIL ALL FORMS AND DOCUMENTS TO:**  
**South Carolina Department of Motor Vehicles**  
 Dealer Licensing & Audit Unit  
 P.O. Box 1498 | Blythewood, South Carolina 29016-0023  
[www.scdmvonline.com](http://www.scdmvonline.com) | (803) 896-2611