



South Carolina Department of Motor Vehicles

APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1
(Rev. 3/14)

NOTE: 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.

Check One: **Renewal** **First Time Application** **Change of Name, Address or Category**
(NOTE: All Changes must include a rider from your surety company indicating change being made.)

Wholesale Only Travel Trailer Only Motorcycle Only Dealer (Retail/Wholesale) Wholesale Auction

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.

| | | | | | | | |
|--|-------|----------|--------|---|--|--|--|
| Name of Dealership | | | | DEPARTMENT USE ONLY License Year _____ Date of Issue _____ Specialist's Code _____ Fee Schedule _____ Dealer/Wholesaler License Fee \$50.00 _____ Demonstration Plate @ \$20.00 per plate _____ Total Dealer License Number _____ Demonstration Plates Assigned: No. _____ No. _____ No. _____ No. _____ No. _____ No. _____ Check One Statement: _____ Information below same as on computer file. _____ Changes made to information below. | | | |
| Street Address for Dealership | | | | | | | |
| City | State | Zip Code | County | | | | |
| Telephone Number () | | | | | | | |
| Special Mailing Address and E-Mail Address | | | | | | | |
| Check Only One: <input type="checkbox"/> Franchised <input type="checkbox"/> Non-Franchised If franchised, list Make(s) of Vehicles 1. _____ 2. _____ 3. _____ | | | | | | | |

Yes No 1. Do you have a surety bond in effect? Name and address of surety company _____

Surety Bond Number _____ Effective Date _____ to _____
Name of principal _____
Name of liability insurance company _____
Policy Number _____ Effective Dates _____ to _____
Name of Policyholder _____
Name of agent/agency _____ Phone Number _____

Yes No 2. Was the Business a licensed dealer/wholesaler during previous year?
If yes, list license number _____
Indicate number of demonstration plates assigned _____
Average number or employees during previous year _____
Number of motor vehicles PURCHASED during the previous year _____
Number of motor vehicles SOLD during the previous year _____
Number of travel trailers PURCHASED during the previous year _____
Number of travel trailers SOLD during the previous year _____
Number of motorcycles PURCHASED during the previous year _____
Number of motorcycles SOLD during the previous year _____

3. Are there any records for each vehicle transaction indicated in question two (2) which reflect the following:
 Yes No A. Dates of purchase and sale
 Yes No B. Vehicle Identification Number
 Yes No C. Name and address of seller, purchaser, and copy of odometer statement from seller to dealer/wholesaler and from dealer/wholesaler to purchaser. If no, explain on a separate sheet of paper.

For First Time Dealers or Dealers licensed less than one calendar year:

I hereby estimate that I will sell approximately _____ motor vehicles during the upcoming year. I understand that the number of license plates may be increased or decreased according to actual sales.



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- Yes No 4. Sales Tax number assigned by S.C. Department of Revenue _____
Have monthly sales tax reports been filed with the S.C. Department of Revenue?
- Yes No 5. Do you sell motor vehicles on credit?
 Yes No If yes, have you filed any credit notifications or maximum rate documents with the
Department of Consumer Affairs?
- Yes No 6. Do you have a Dealer's Manual? (DMV Specialist's Code _____)
- Yes No 7. Is your business financially backed by another person or business? If yes, give details

- Yes No 8. A. Are you a subsidiary company?
 Yes No B. Does your business financially back any other dealer or wholesaler? If yes, list name and
address of business _____
- Yes No 9. Has the applicant, owner, sales personnel or agent been licensed as a motor vehicle dealer?
If yes, answer the following on a separate sheet of paper: name of business, address, and
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.
- Yes No 10. 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
details, name and address of court, date of convictions, offense convicted of and
punishment imposed on a separate sheet of paper.
- Yes No 11. 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 on a separate sheet of paper.
- Yes No 12. Has the license 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 on
a separate sheet of paper.
- 13. List complete name (do not use initials), address and driver's license number of the actual
owner of the business. (Any person who has at least 10% ownership in the business):

- 14. List name, address and driver's license number of principal sales manager of your business:

- 15. List name, address and driver's license number of employees/agents of your business:

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 denial, 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 and to supply the information on behalf of the applicant.

Signature of Owner or Corporate Officer

Print full name of person signing above

Mail to: South Carolina Department of Motor Vehicles
Dealer Licensing & Audit Unit
P. O. Box 1498
Blythewood, South Carolina 29016-0023

Visit our website at www.scdmvonline.com or call (803) 896-2611