



South Carolina Department of Motor Vehicles

DLA-1
(Rev. 10/19)

APPLICATION FOR A DEALER OR WHOLESALER LICENSE

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. Please do not staple documents. **Submit original bond and power of attorney with application.** **Please note:** A bond and power of attorney are not required to renew your license. A license cannot be renewed in a canceled status. If your license is canceled, please contact the Dealer License and Audit Unit to obtain further requirements.

I.	Check One	<input type="checkbox"/> Renewal <input type="checkbox"/> First Time Application Change of: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Category <input type="checkbox"/> Ownership <i>(NOTE: Contact Dealer License Unit to determine if a new bond is required.)</i>	Check One	<input type="checkbox"/> Dealer (Retail/Wholesale) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Wholesale (Only) <input type="checkbox"/> Motorcycle Wholesale <input type="checkbox"/> Motorcycle <input type="checkbox"/> Wholesale Auction
	Application Fees	Renewal: License Fee \$50 Plate Fee \$20 each (submit with application at an SCDMV branch office) First Time Application: License Fee \$50 Plate Fee \$20 each (not needed at time of application submission) Name or Address Change: License Fee \$50 Plate Fee \$1 each registration update (submit with application) Category Change: License Fee \$50 Plate Fee \$20 each (not needed at time of application submission) Ownership Change: No Fee		
Check One	Are you a manufacturer, distributor, or franchiser of motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, application of a dealer license from the SCDMV is not required nor notification to the Dealer License and Audit Unit.	

II.	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														
Dealership Street Address														
City					State				ZIP			County		
Special Mailing Address			City			State			ZIP					
Cell Number:		- -		Business Number		- -								
Email Address														
Check Only One:			<input type="checkbox"/> Franchised			<input type="checkbox"/> Non-franchised								
If franchised, list make(s) of vehicles:			1.					2.			3.			

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

2. Was the business a licensed dealer/wholesaler during the previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, list the license #				Indicate # of demonstration plates assigned			
		# of Motor Vehicles		# of Recreational Vehicles		# of Motorcycles	
PURCHASED (during previous year)							
SOLD (during previous year)							
First time dealers or dealers licensed less than one calendar year		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.					
3. Sales Tax number assigned by SC Department of Revenue			(Sales Tax #):				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you sell motor vehicles on credit?							<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes to #4, have you filed any credit notification or maximum rate documents with the Dept. of Consumer Affairs?							<input type="checkbox"/> Yes <input type="checkbox"/> No



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6. Do you have a Dealer's Manual? (Note: The Dealer Manual is available at www.scdmvonline.com)		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use a floor planner? If yes, please list the following:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Planner Name	Address	Contact Number
8. Is your business financially backed by another person or business? If yes, give details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Business	Address	Contact Number
9. Are you a subsidiary company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business financially back any other dealer or wholesaler? If yes, list name and address of business:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Address _____		
10. 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 . a) name of business, b) address, and c) the dates the business was in operation. d) 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
11. 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: a) details, b) name and address of court, c) date of convictions, d) offense convicted of, and e) punishment imposed on a separate sheet of paper .		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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 on a separate sheet of paper .		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. List Owner(s) : a) complete name (do not use initials), b) address, and c) 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 on a separate sheet of paper .		
Name of Owner _____	Residence Address _____	Driver's License No. _____
14. List Sales Manager(s) : a) name, b) address, and c) driver's license number of principal sales manager of your business. Please list additional managers on a separate sheet of paper .		
Name of Sales Manager _____	Address of Sales Manager _____	Driver's License No. _____
15. List Employee(s) : a) name, b) address, and c) driver's license number of employees/agents of your business. Please list additional employees/agents on a separate sheet of paper .		
Name of Employee/Agent	Address of Employee/Agent	Driver's License No.
16. 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

IV. 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 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. **Branch office please note:** The below signature **must be signed by a listed owner or a listed corporate officer in Phoenix**. No other person can sign this document.

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

MAIL ALL FORMS AND DOCUMENTS TO:

Standard Mail	Overnight Mail
South Carolina Department of Motor Vehicles Attn: Dealer License & Audit Unit P.O. Box 1498 Blythewood, South Carolina 29016-0023 Phone: (803) 896-2611 Fax: (803) 896-8172 www.scdmvonline.com dealerdocuments@scdmv.net	South Carolina Department of Motor Vehicles Attn: Dealer License & Audit Unit 10311 Wilson Blvd., Building C Blythewood, South Carolina 29016-0023 Phone: (803) 896-2611 Fax: (803) 896-8172 www.scdmvonline.com dealerdocuments@scdmv.net