



# South Carolina Department of Motor Vehicles

## APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1  
(Rev. 7/06)

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

**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.

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
- 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. 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.

\_\_\_\_\_  
Print full name of person signing below

\_\_\_\_\_  
Signature

**Mail to:**

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

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