



South Carolina Department of Motor Vehicles

APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1
(Rev. 01/2024)

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. 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 cancelled, contact the Business License Unit to obtain further requirements.

I.	Check One	<input type="checkbox"/> Renewal <input type="checkbox"/> First Time Application	Check One	<input type="checkbox"/> Dealer (Retail/Wholesale) <input type="checkbox"/> Recreational Vehicle
		Change of:		<input type="checkbox"/> Wholesale (Only) <input type="checkbox"/> Motorcycle Wholesale
		<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Category		<input type="checkbox"/> Motorcycle <input type="checkbox"/> Wholesale Auction
		<input type="checkbox"/> Ownership <input type="checkbox"/> Personal Representative		
	(NOTE: Contact Business License Unit to determine if a new bond is required.)			
	Application Fees	Renewal: License Fee \$150 Plate Fee \$20 each (submit with application at an SCDMV branch office) First Time Application: License Fee \$150 Plate Fee \$20 each (not required at time of application submission) Business Name or Address Change: License Fee \$150 Plate Fee \$1 each registration update (submit with application) Category Change: License Fee \$150 Plate Fee \$20 each (Not required at time of application submission) Wholesale Auction: License Fee \$50 (annually)		
	Check One	Are you a manufacturer, distributor, or franchisor of motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state law prohibits retail sales of motor vehicles by manufacturer, distributor, or franchisor making you ineligible for a dealer or wholesaler license.		

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:										
	Do you conduct business at a location other than the principal business address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Property must be adjacent to or within sight of your principal business address and must display the same sign)										
	Contiguous Property Street Address										
	Have you met all requirements, if any, to lawfully conduct business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	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 (Street, City, State, ZIP)		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 South Carolina 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)			





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a minor or any adult? If you check yes for any above, give: a) details related to event, b) name and address of court, c) the name and address of the law enforcement agency involved, d) date of any arrests, indictments, and convictions, e) name of offenses originally charged and offenses eventually convicted of; f) punishment imposed, and g) whether registration as a sex offender is required under South Carolina law. Provide all details on a separate sheet of paper for each event checked yes and provide copies of any relevant paperwork related to each event.			
13. Has the license or demonstration plates of your business or any employee of your business ever been suspended, revoked, or subject to suspension or revocation? If yes, give details on a separate sheet of paper .			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have an immediate family member (spouse, parent, stepparent, child, stepchild, sister, brother, grandparent, and grandchild) who is or has ever been a licensed dealer in this state? If yes, give details <u>on a separate sheet of paper</u> . 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 .			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Owner		Residence Address	Driver's License No.
15. List all 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.
16. List all 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.
17. Have you 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 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

Print Full Name of Owner or Corporate Officer

/ /
Date

MAIL OR EMAIL ALL FORMS AND DOCUMENTS TO:

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