

## Motor Vehicle Division General Information

**Mailing Address:** 125 E. 11th Street, Austin, TX 78701-2483

**Phone:** (512) 416-4800 **Fax:** (512) 416-4890

The motor vehicle industry is a very highly regulated industry just like insurance, securities, real estate, and other industries or professions in which high dollar items make for great opportunities for defrauding the public. Enforcement is responsible for responding to complaints regarding sales practices and other violations of the Texas Motor Vehicle Commission Code and the Transportation Code, Section 503. This section also brings enforcement actions against those licensees who have violated a previous Texas Motor Vehicle Board order

"The distribution and sale of motor vehicles in this State vitally affects the general economy of the State and the public interest and welfare of its citizens. It is the policy of this State and the purpose of this Act to exercise the State's police power to insure a sound system of distributing and selling motor vehicles through licensing and regulating manufacturers, distributors, converters, and dealers of those vehicles, and enforcing this Act as to other persons, in order to provide for compliance with manufacturer's warranties, and to prevent frauds, unfair practices, discriminations, impositions, and other abuses of our citizens." Texas Motor Vehicle Commission Code, Section 1.01.

Motor Vehicle Division  
PO Box 13044  
Austin, TX 78711-3044  
TOLL-FREE (877)366-8887

MVD Use Only	
GDN:	_____
F#:	_____
Exp:	_____

**FRANCHISED NEW MOTOR VEHICLE DEALER'S LICENSE APPLICATION**

1. A. NAME OF APPLICANT: \_\_\_\_\_

B. NAME UNDER WHICH THIS LOCATION WILL OPERATE (if this name is different from applicant's name, attach a copy of the assumed name (DBA) certificate):

C. NEW STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

D. PREVIOUS STREET ADDRESS (RELOCATIONS ONLY): \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

E. MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

F. TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

G. EMAIL ADDRESS: \_\_\_\_\_

H. CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

2. CURRENT GDN (P NUMBER) AND FRANCHISE LICENSE NUMBER (if applicable): \_\_\_\_\_

3. GDNS BEING APPLIED FOR (Check all that apply):  Motor Vehicle  Motorcycle  Trailer  Towable RV

**NOTICE:**

A SEPARATE FRANCHISE LICENSE IS REQUIRED FOR EACH FACILITY USED TO EXHIBIT, SELL, OR SERVICE NEW MOTOR VEHICLES (a "facility" is a separate street address location OR a separate showroom).

4. FEES:	Franchised New Motor Vehicle Dealer's License Fee if this is a SALES AND SERVICE facility:	\$ 175.00:	_____	DA
	Franchised New Motor Vehicle Service-Only License Fee if this is a SERVICE-ONLY FACILITY WITHOUT A SHOWROOM:	\$ 100.00:	_____	DA
	General Distinguishing Number License Fee (not required if application is for relocation within current city limits):	\$ 500.00 FOR EACH BOX CHECKED IN ITEM 3, ABOVE:	_____	GN
	Metal Dealer License Plate:	@ \$45.30 each:	_____	DP
PLEASE LIST THE QUANTITIES OF EACH TYPE OF PLATE YOU REQUIRE:			GRAND TOTAL:	\$ _____

Motor Vehicle: \_\_\_\_\_ Motorcycle: \_\_\_\_\_

APPLICANT'S NAME / DBA: \_\_\_\_\_

5. NAME(S) OF PERSONS WHO WILL SERVE AS GENERAL MANAGER AND DEALER PRINCIPAL:

General Manager

Dealer Principal

6. MANUFACTURERS, BRANDS/MAKES, AND TYPES TO BE SOLD UNDER FRANCHISE (attach additional sheets if necessary):

- Type Codes: AA – Passenger Auto Only      AB – Ambulance      AT – ATV  
 BS – Bus      CT – Passenger Auto AND Light Truck      EN – Engine  
 FT – Fire Truck      HT – Heavy Truck      LT – Light Truck Only  
 MC – Motorcycle      MS – Motor Scooter/Moped      MT – Medium Truck  
 MH – Motor Home      NV – Neighborhood Vehicle      OT – Other  
 TR – Towable RV

MANUFACTURER	LINE/MAKE (BRAND)		TYPE
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	
		<input type="checkbox"/> New Franchise Point <input type="checkbox"/> Purchasing Line from Existing Dealer	

7. LICENSE NUMBERS (if applicable) AND STREET ADDRESSES OF ALL OTHER LOCATIONS (list all other locations where business will be conducted, including used car lots owned or operated by the dealership. Specify the activity [sales, service, etc.] that occurs at each location) (attach additional sheets if necessary):

\_\_\_\_\_

8. Has the Motor Vehicle Division or Texas Motor Vehicle Commission ever licensed applicant or any of the principals of the partnership or corporation to act in any capacity in Texas? If so, give the name(s) in which license(s) was/were issued and last effective year on a separate sheet.  YES  
 NO
9. Has any license issued by the Motor Vehicle Division (formerly Texas Motor Vehicle Commission) or agency of another state to any owner, principal, partner, or the partnership or corporation ever been denied, revoked, or suspended? If so, explain fully on a separate sheet.  YES  
 NO
10. Has the applicant or any owner, principal, or partner ever been found to have violated the Texas Motor Vehicle Commission Code? If so, explain fully on a separate sheet.  YES  
 NO
11. Does any motor vehicle manufacturer or distributor, or any person or entity who is owned, controlled by, or under common control with a motor vehicle manufacturer or distributor, have any ownership interest in this dealership? If so, explain fully on a separate sheet.  YES  
 NO

APPLICANT'S NAME/DBA: \_\_\_\_\_

12. This application is for (CHECK ONE BOX ONLY):

- New dealership (sales only, or sales and service)
- New service-only facility where no sales will take place (you must also be licensed to sell all lines for which you provide warranty service)
- Relocation of dealership (show original and new addresses, including county, on Page 1)
- Purchase of an existing dealership facility

Name, GDN, franchise license number, and address of selling dealer, and lines purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Relocation of lines purchased from an existing dealership  
Name, GDN, franchise license number, and address of selling dealer, and lines purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- New showroom at an existing dealership
- Business entity change (e.g., partnership to corporation, corporation to LLC, etc.)
- Other (explain fully, attaching additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER: MISSING, INCOMPLETE, OR INACCURATE INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION.**

The applicant or an authorized agent hereby certifies under penalty of perjury that statements made above and on attachments hereto and documents submitted herewith are true and correct, and that all documents attached hereto or submitted herewith are complete and submitted in their entirety and are accurately represented. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature - Applicant or Authorized Officer

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

APPLICANT'S NAME/DBA: \_\_\_\_\_

14. ATTACHMENTS TO THE APPLICATION (missing or incomplete attachments will delay application processing):
- A. OWNERSHIP AND MANAGEMENT INFORMATION / POWER OF ATTORNEY DESIGNATING AGENT FOR SERVICE – use attached Form 1802**b**
  - B. PROOF OF IDENTITY - attach photocopies of driver's license(s) of the owner of the dealership, the president of the dealership, or the managing partner of the dealership.
  - C. ASSUMED NAME CERTIFICATES – all applicants intending to operate under an assumed name must attach proof that the assumed name has been registered. Corporations must obtain these certificates from the Texas Secretary of State; others may provide a certificate from their county.
  - D. CERTIFICATE OF INCORPORATION, MERGER, OR PARTNERSHIP – if applicable.
  - E. MANUFACTURER/DISTRIBUTOR APPROVAL OF BUY/SELL OR RELOCATION – if this application pertains to a buy/sell or relocation of an existing dealership (fully-executed sales and service agreement will suffice).
  - F. SALES AND SERVICE AGREEMENT(S) - a photocopy of the pages reflecting ALL parties to the agreement(s), the authorized signatures of the parties to the agreement(s), and the line/make of each motor vehicle to be sold and/or serviced. An MVD Evidence of Franchise Letter signed by the manufacturer(s) will temporarily suffice for initial processing, but the relevant pages of the fully executed sales and service agreement(s) are required before the license will be issued.
  - G. FINANCIAL STATEMENT – A current financial statement or a copy of the statement filed with the manufacturer or distributor. If Applicant is a corporation, partnership, or LLC, the statement should be that of the business entity, not an individual.
  - H. SUMMARIES OF BUSINESS BACKGROUND AND EXPERIENCE of the principal owners, principal operator, and general manager of the business.
  - I. DESCRIPTION OF PHYSICAL FACILITIES – general description of the building and premises, approximate square footage allocated to vehicle display, sales and storage of parts and accessories, and number of service bays or work areas in the service department.
  - J. PHOTOGRAPHS –
    1. Overall appearance of the building and lot from across the street
    2. Office areas where sales are finalized
    3. Signage (showing business name or assumed name as listed on application – must be permanently mounted, visible from the street, with letters at least 6 inches high)
    4. Business hours
- If facilities are under construction, initial application processing can proceed, but photographs of the completed facilities are required before the license will be issued.
- K. CURRENT LEASE OR OWNERSHIP DOCUMENTS FOR THE PROPERTY.
- L. STATEMENT OF AVERAGE INVENTORIES – include new and used motor vehicles, parts, and accessories applicant intends to maintain for sale. State vehicle inventories in both dollar value and number of units.
  - M. STATEMENT OF NUMBER OF EMPLOYEES – show separately the number to be employed as sales, parts, service, and administrative personnel.
  - N. NEW DEALERSHIPS, BUY/SELL, AND RELOCATIONS – attach a city map pinpointing the new location(s). For relocations, also pinpoint the original location and attach a separate sheet stating the straight-line (as the crow flies) distance the dealership is moving from the original/existing location. **THE PROTEST PROCESS WILL NOT BE STARTED UNTIL WE HAVE RECEIVED YOUR DETAILED MAP.**
  - O. DEALER DEVELOPMENT STORES – attach a statement explaining, in detail, the buyout plan for transfer of ownership to the dealer principal.

Under the Open Records Law enacted in 1973, the records of the Motor Vehicle Division are public documents and open to the public during regular office hours.

Submit this application with appropriate fees to:

**Texas Department of Transportation  
Motor Vehicle Division  
PO Box 13044  
Austin, TX, 78711-3044.**

Check payable to TEXAS DEPARTMENT OF TRANSPORTATION AND WRITE YOUR DEALERSHIP NAME ON THE FRONT OF YOUR CHECK.

**Motor Vehicle Division**  
**PO Box 13044**  
**Austin, TX 78711-3044**  
**TOLL-FREE (877) 366-8887**

**OWNERSHIP AND MANAGEMENT INFORMATION**

LICENSEE NAME: \_\_\_\_\_

**ALL APPLICANTS MUST ANSWER THIS QUESTION**

1. HAS ANY PERSON LISTED ON THIS FORM EVER BEEN CONVICTED OF A FELONY, OR IS HE/SHE PRESENTLY CHARGED WITH THE COMMISSION OF ANY SUCH CRIME?  YES  NO
2. IF THE ANSWER TO #1 IS YES:
  - a. HAS THIS FELONY BEEN PREVIOUSLY REPORTED TO MVD?  YES  NO
  - b. GIVE FULL DETAILS ON A SEPARATE SHEET INCLUDING CRIME, DATE, PLACE OF CONVICTION, SENTENCE RECEIVED, ETC. ALSO ATTACH COPIES OF ALL FINAL COURT JUDGMENTS FOR THOSE CONVICTIONS.

**TYPE OF BUSINESS:**

- Sole Proprietorship     
  Partnership     
  Limited Partnership/LTD     
  Limited Liability Company  
 Limited Company     
  Corporation     
  Limited Liability Partnership     
  Other (Specify below) \_\_\_\_\_

COMPLETE THE FRONT AND BACK OF THIS SHEET, ATTACHING ADDITIONAL SHEETS AS NECESSARY. IF ANY ITEM IS NOT APPLICABLE, MARK IT AS "NA".

INCLUDE THE FOLLOWING:

- A. ALL APPLICANTS: LIST ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS. IF ENTITY IS PUBLICLY TRADED, PLEASE INDICATE AS SUCH – OWNERS NEED NOT BE LISTED BUT OFFICERS AND DIRECTORS MUST BE.
- B. PARTNERSHIPS: LIST ALL PARTNERS. DESIGNATE THE MANAGING PARTNER.
- C. CORPORATIONS: LIST ALL CORPORATE OFFICERS AND DIRECTORS.
- D. LIMITED LIABILITY COMPANIES: LIST ALL MANAGERS/ MEMBERS.

NOTE: IF ANY OWNERSHIP INTEREST IS HELD BY A BUSINESS ENTITY (CORPORATION, LLC, ETC.), SUBMIT THE INFORMATION LISTED IN A THROUGH D (ABOVE) FOR EACH BUSINESS ENTITY WITH ANY OWNERSHIP INTEREST UNTIL ONLY INDIVIDUALS ARE LISTED AS OWNERS.

**OWNERSHIP PERCENTAGES MUST TOTAL 100%.**

1.		
Name of Person or Business	Title	% of Ownership
Date of Birth	Driver's License # and State	SSN
Residence Address		Home Phone
If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2.		
Name of Person or Business	Title	% of Ownership
Date of Birth	Driver's License # and State	SSN
Residence Address		Home Phone
If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3.		
Name of Person or Business	Title	% of Ownership
Date of Birth	Driver's License # and State	SSN
Residence Address		Home Phone
If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		



# EVIDENCE OF FRANCHISE

Date: \_\_\_\_\_

To: Texas Department of Transportation  
Motor Vehicle Division  
PO Box 2293  
Austin, TX 78768-2293

This is to certify that:

\_\_\_\_\_  
Dealer Legal Name and DBA

- an individual
- a partnership
- a corporation
- a(n) \_\_\_\_\_ of \_\_\_\_\_

Type of entity

Dealership Physical Address

\_\_\_\_\_  
City, State, Zip Code

is approved to be a party to a written Franchise Agreement with \_\_\_\_\_

authorizing this Dealer to (**check one**)  service only or  sell and service new motor vehicles designated as the following line-makes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

manufactured or distributed by \_\_\_\_\_  
Name of Manufacturer or Distributor

\_\_\_\_\_  
Typed or Printed Name of Authorized Manufacturer's or Distributor's Representative

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City, State, Zip Code

**Note:** This form allows application processing to begin or continue. Copies of the appropriate pages of a fully-executed sales and service agreement showing all parties to the agreement, their signatures, and lines/makes of motor vehicles to be sold/serviced are required before a license or dealer plates will be issued.



# EVIDENCE OF RELOCATION APPROVAL

Date:

To: Texas Department of Transportation  
Motor Vehicle Division  
PO Box 2293  
Austin, TX 78768-2293

This is to certify that:

\_\_\_\_\_  
Dealer Legal Name, DBA, GDN, and Franchise License Number

has approval to relocate their dealership (check one)  **sales and service** or  **service only**

facility for \_\_\_\_\_  
Lines/Makes of Vehicles

from the current licensed facility located at \_\_\_\_\_  
Dealership Physical Address Including City, State, and Zip Code

to \_\_\_\_\_  
New Dealership Physical Address Including City, State, and Zip Code

- CHECK ONE:  A new sales and service (franchise) agreement will be executed to reflect the new location.  
 All provisions of the existing sales and service (franchise) agreement remain in effect at the new location.

\_\_\_\_\_  
Name of Manufacturer or Distributor

\_\_\_\_\_  
Typed or Printed Name of Authorized Manufacturer's or Distributor's Representative

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City, State, Zip Code