ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE

| DMV USE ONLY |  |
| :--- | :--- |
| OL NUMBER | DATE APPLICATION <br> RECEIVED |
| ACR NUMBER | DATE PERMIT ISSUED |
| ORIGINALAPPLICATION FEE | DATE PERMIT EXPIRES |
| NVMB FEE | REGION CC |
| FINGERPRINT FEE | INSPECTOR NAME/ID <br> NUMBER |
| OTHER FEE | TOTAL FEE |
| SUSPENSE RECEIPT NUMBER |  |

## SECTION 1 - BUSINESS INFORMATION

| Dealer (Business Model) (Check one box.) |
| :--- |
| $\square$ Retail New |
| $\square$ Retail Used |
| $\square$ Wholesale |

Autobroker Endorsement $\square$ Yes $\square$ No
NOTE: Wholesale only dealers are not eligible for an Autobroker Endorsement.


SECTION 2 - MAIN OFFICE (Complete OL 21 for Branch Locations.)
TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION

| FIRM NAME | TELEPHONE NUMBER <br> FIRM ADDRESS |
| :--- | :--- |
| CITY | STATE |

SECTION 3 - CHECK THE VEHICLES TO BE SOLD, MANUFACTURED OR DISTRIBUTED AT THIS LOCATION

| NEW | Automobile/Commercial* Recreational Trailer* *OL 124 required. | Motorcycle* (including Off-Highway) Trailer (Letter of Authorization required.) | All-Terrain Vehicle* Snowmobile* | Motorhome* |
| :---: | :---: | :---: | :---: | :---: |
| USED | Automobile/Commercial Recreational Trailer | Motorcycle (including Off-Highway) Trailer | All-Terrain Vehicle Snowmobile | Motorhome |

## SECTION 4 - PLATE(S) REQUEST

Enter number of plates only. Please visit our website at dmv.ca.gov for current fees. The Licensing Inspector will complete county fees and total.

SECTION 7 - FINANCIAL INSTITUTION BUSINESS ACCOUNT INFORMATION


| NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNT | TELEPHONE NUMBER |
| :---: | :---: |
|  | $(\quad)$ |

IF ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

## SECTION 8 - PROPERTY USE APPROVAL <br> (Must be completed by applicant. Excludes out-of-state Manufacturers and Distributors.) <br> Does location meet all city and county property use requirements? ........................................................ $\square$ Yes $\square$ No



## SECTION 10 - APPLICANT CERTIFICATION

1. I have an established place of business where I agree to keep all books and records relating to the business, available for, and open to inspection by any peace officer during regular business hours.
2. I understand that all Report of Sale or Notice of Acquisition Books and Special Plates issued to me by the Department of Motor Vehicles are property of the State of California and must be surrendered to any authorized, identified Department employee on demand.
3. The main place of business and all branches have offices and display or dismantling areas situated on the same property where business related to the type of license issued is transacted. (Except Wholesale-Only and Autobroker dealers.)
4. The place of business is properly identified by a sign posted in a conspicuous place in each and every location. Such signs shall provide information relating to the business name and address so as to enable any person doing business with me to properly identify the business. (Except Wholesale-Only dealers.)
5. I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch offices and to provide simultaneously a complete description of the new location of this business and the name of the manager there.
6. I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department will submit new application papers properly reflecting the changes together with the required fees.
7. I will maintain on file with the Department an authorization to sell each make of new vehicle that I sell and report on new vehicle reports of sale.
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE | TITLE |  |
| :--- | :--- | :--- |
| SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE | DATE |  |
| $\mathbf{X}$ | INSPECTOR SIGNATURE <br> PRINTED NAME OF INSPECTOR/NUMBER |  |

