AR-0066 (7/2006) By Authority of PA 300 of 1949, as amended

VEHICLE DEALER SUPPLEMENTAL LOCATION LICENSE APPLICATION

MICHIGAN DEPARTMENT OF STATE
Licensing Unit
Lansing, Michigan 48918
1-888-SOS-MICH; fax (517)335-2810

www.Michigan.gov/sos

DEPARTMENT USE ONLY:

License Number: _____

Date Issued: _____

By: _____

You must complete a supplemental location license application for each additional location at which you wish to operate. You may photocopy this form if you need an additional copy. NOTE: A SUPPLEMENTAL LOCATION MUST BE IN THE SAME COUNTY AND MUST HAVE THE SAME CLASSIFICATIONS AS YOUR MAIN LOCATION. *If you wish to establish a location in another county or wish to change classifications at your main location, contact the Licensing Unit for instructions*.

1. **BUSINESS NAME AND DEALER LICENSE NUMBER OF MAIN OR ORIGINAL LOCATION**

Business Name of Main Location | County | License Number

If your business is a corporation or limited liability company, and you wish to use a different name for this supplemental location, please complete the following blank with the assumed name you wish to use and attach a copy of your assumed name filing as filed with the Michigan Department of Consumer and Industry Services, Corporations Division.

2. **TELEPHONE NUMBER** (If different from the main location)

Area Code and Telephone Number | Area Code and Fax Number | E-mail Address

3. **ADDRESS OF SUPPLEMENTAL LOCATION** Rural route or post office box numbers alone are inadequate. The actual location must be identified.

Street | City | County | Zip Code

4. **BUSINESS HOURS AND DAYS** Note: You must keep all business records for this location at this location.

The Michigan Vehicle Code requires that your records be available for inspection during reasonable business hours. Class A and Class B dealers are required to maintain a minimum of 30 business hours per week. All other license classifications must maintain a minimum of at least four continuous hours per day, one day a week (Monday through Friday). Fill in the days and hours this supplemental location will be open. If your business hours change, you must notify the Department of State in writing.

Days and Hours of Operation: _____

If this is a temporary ("tent") sale, give the sale dates: _____

(over)

5. **ZONING APPROVAL**

Class E, F, and G dealers must obtain zoning approval from their local zoning authority. Contact the Licensing Unit at (517) 636-6400 to obtain a zoning approval form.

6. **STATEMENT - READ CAREFULLY BEFORE SIGNING.**

I certify that the statements contained in this application are true and that I, as owner, partner, or an officer or director of the corporation, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of my license.

I certify that the persons named on this license are not acting as the alter ego, or in the place of or on behalf of, any other person or persons in seeking this supplemental license.

I stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me and all other owners of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I certify that this business is in compliance with all local ordinances, including zoning.

Signature	Printed Name	Title	Date