Reset a Form

MOTOR VEHICLE BUSINESS OFFSITE LICENSE APPLICATION

State Form 43595 (R2 / 2-07)
Approved by State Board of Accounts, 2007

BUREAU OF MOTOR VEHICLES
DEALER SECTION
6400 E 30th Street
Indianapolis, Indiana 46219

INSTRUCTIONS: Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a PUBLIC RECORD.

FOR BUREAU USE ONLY	
Dealer number	License fee

Business name in which license will be issued	Telephone number ( )
Business address (*number and street, city, state, and ZIP code*)	
Temporary location (*number and street, city, state, and ZIP code*)	
Dealer number	Retail merchant's certificate number
Duration of event (*not to exceed 10 days*) From: To:	Type of event

Indicate the type of premises at which the event will be held:

- ☐ Building
- ☐ Open Parking Area
- ☐ Tent
- ☐ Sunday Classic / Antique Auto Auction
- ☐ Other (*explain*): _____

Indicate whether applicant is:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation

List the names, titles, home addresses and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors, if corporation.

NAME	TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER

To be completed by the Executive of City, Town or County, as set forth in IC 36-1-2-5

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle Business at the temporary location cited above.

Authorized signatory	Date (*month, day, year*)
Name of authorizing agency	
Title	

CERTIFICATION

I hereby certify, under penalty of perjury, that I am authorized to make this application and that the answers and information in this application are true and correct.

Signature of owner, partner, or officer	Date (*month, day, year*)
Print or type name of owner, partner, or officer	
Title	

APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER