Wholesale Transition Period Request Form

Please complete both pages of this form and return to the Secretary of State Auto Dealer Services Division. You will receive a response in writing to this request.

Date: _____ Dealer License Number: _____

Dealer Name: _____

Owner Name(s): _____

Current Established Place of Business Address: _____

_____

Address of Proposed Established Place of Business (if applicable): _____

_____

Dealer Phone Number and email address: _____

Reason for Request: _____

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A valid Indiana wholesale dealer must meet the following guidelines before submitting this form. Please check all guidelines that are currently met:

__ Established Place of Business with exterior entrance;

__ Established Place of Business that has distinct and complete separation from any other business on the inside and outside of the building;

__ A sign on the exterior of the building indicating business name and hours of operation;

__ Office that is 100 square feet, equipped with office furniture, and served with utilities;

__ Business is accessible to the public for a minimum of 10 hours a week, 5 of the 10 manned at the established place of business and a telephone answering service for the remaining 5 hours a week; and

__ Established Place of Business does not house a secondary business unless it is closely related to the sale of motor vehicles and is not more than 50% of the dealer's gross income.

Name of secondary business: _____ Type of business: _____

During the Transition Period a Transition Dealer does not have to meet the following requirements. Please state whether these are currently met. If the answer is no, please state the timeframe and plan to meet these requirements.

1) 1,300 square feet that has space for the display of 10 vehicles and customer parking _____

_____

2) A conspicuous permanent sign identifying the dealer by name and visible to the public _____

_____

3) Well lit established place of business during hours of operation _____

_____

I hereby swear or affirm under penalty of perjury that the information contained and attached to this form is true and correct.

_____	_____	_____
Signature of Owner, Partner or Officer	Printed Name and Title	Date