DR 2109 (06/01/21)
COLORADO DEPARTMENT OF REVENUE
SBG.Colorado.gov/AID

Auto Industry Division P.O. BOX 17087 DENVER CO 80217-0087 (303) 205-5604 dor\_dealers@state.co.us

## Motor Vehicle Dealer Board Dealer/Wholesale License Application

Check One	ne Check One								Check One							
Original Ap Change of Current dea	Entity	Franchised Dealer (2500) Used Dealer (2510) Used Powersport Vehicle Dealer (2606) Used Powersport Vehicle Dealer (2606) Used Powersport Vehicle Dealer (2606) Wholesale Auction (2530)						06)	Individual Partnership Ltd Liab. Partnership Corporation Ltd Liab. Company							
1. Name of Appli	icant (Individual/F	Partners/Co	rporation/LL	C/LLP)	Sales	Tax Num	ber			Federal I	ID. Nu	ımber				
2. Trade Name (DBA) Business Pho						one FAX Number				Email Ad	ldress	3				
3. Business Street Address					City			ZIP			Count			ity		
4. Mailing Address (if different)				City			ZIP			Count			ty			
	list type and mak						ed to s	ell. <b>You</b>	must	attach a	сору	of the	letter of	intent		
	, partners, membe						in the l	ousiness	(must	egual 100	%.) Att	ach add	litional par	er if ne	cessarv.	
Full N	Date of Birth Home Address (Str				<u>.</u>		Social Socurity N					Home Phone		% Owned		
								SSN					'			
					Email						,					
								SSN								
								Email								
								SSN								
								Email								
	erson(s) who ar	e owners v	vho shall b	e permitted t			sale u	nder this	slice	nse. (Mus	st be	listed i	n Questi	ion 6.)		
Name 1						Name 2										
If a resident of Colorado less than two years, list prior address.							9. City						10. State			
11. List any and a	all names, (aliases	s, maiden na	ame, nickna	mes, etc).										<u> </u>		
	ner or partners pr w emergency rule				,				,	Colorado.	gov/A	ID		Yes [	No	
(See section:	: Licensing)															
13. II there is an	existing motor vel	licie dealer	at triis locati	on, provide in	e ueale	i name a	nu uea	ier liceris	e nun	nbei						
14. Premises are: If leased, from whom?							Address of Lessor					Date Lease Expire			Expires	
I have read the f second degree. Secretary of the against me on a	foregoing applicat I agree to conforr Motor Vehicle De ny claim for dama .aw. I hereby auth	n to all rules ealer Board a ages alleged	and regula as my true a I to have be	tions promulgand lawful age en suffered by	ated by ent for the any pe	the Motone service erson by i	or Vehice of pro reason	cle Deale ocess in a of the vid	r Boa iny ac olatioi	ird. I do he ction which n of any o	ereby n may f the t	appoint be here erms ar	the Exec eafter cor nd provisi	cutive mmencions of	ed	
Signature										Title						
Printed Name							Date									
For Official	Criminal History	Board Act	ion: Ap	proved D	enied	Dealer N	Numbe	r	Date	Issued		Fee Re	equired &	Submit	ted	
For Official Use Only	·	Date	.юп. ШАр	p.0000	, ci ii cu							\$			.00	