

## Motor Vehicle Dealer Board Dealer/Wholesale License Application Addendum

**Instructions: A DR 2109-B must be completed for each owner, partner, LLC member, or manager, corporate stock holders, director, or officer.**

Name (Please Print)	Date of Birth	Social Security Number	Email
Title (Check Appropriate Box): <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Sec./Treasurer <input type="checkbox"/> Manager/Member <input type="checkbox"/> Stockholders			
In the past 10 years have you been arrested or charged with, convicted of or pled no contest to any felony or misdemeanor or crime excluding traffic violations? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If "Yes" give full details including: type felony/misdemeanor, charges offense details, date and location of convictions, sentence received, current status (release, probation, parole), etc. Please attach additional pages if needed.			
<b>Date</b>	<b>City, County, State</b>	<b>Offense</b>	<b>Sentence</b>
Have you ever: Had a motor vehicle dealer or salesperson's license application or license subjected to denial, or disciplinary action? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> Filed or been declared bankrupt in the past 5 years? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> Any <b>yes</b> answer must be explained fully in a separate letter signed and dated.			
Had any other type of occupational license application or license (excluding driver license) subjected to denial or disciplinary action? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If <b>yes</b> give full details and attach additional pages if needed.			
Do you have a financial interest in any motor vehicle dealer's license in this state or any other state? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If <b>yes</b> , provide dealer name, license number and state.			
Do you have ownership of <b>1% or more</b> financial interests in any manufacturer in this state or any other state? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If <b>yes</b> , provide manufacturer name, license number and state.			
I declare under penalty of perjury in the second degree that the statements made on this application are true and complete to the best of my knowledge.			
Signature			Date