**Applicant Questionnaire for the**

**Licensing of Dealers, Transporters, Loaners or Recyclers**

Type:

 New Application  Additional License Type  Annex Location  Secondary Location

  Change of Status  Change of Location  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Physical Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City or Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City or Town** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of business are you licensing?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section I: Please answer each question by check marking either Yes or No.**

1. Is there now or was there previously a licensed dealership at your location?  Yes  No

 If Yes please supply name of dealership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If Yes, were you an owner of this dealership?  Yes  No

2. Is there any other business at this location?  Yes  No

 If Yes, what is the name and type of this business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you own that business?  Yes  No

4. What days and hours is your business open? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you currently have ownership in any other dealership?  Yes  No

 If Yes, please list the dealership(s) name and license types and numbers:

 **Dealership(s) Name** **License Type & Number**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section II: These questions ask about your established place of business:**

1. Is your business located in a permanently enclosed commercial building?  Yes  No

2. Is your business located on one parcel of land?  Yes  No

3. Do you own the property & buildings?  Yes  No

4. Do you lease the property & buildings?  Yes  No

 (If Yes, enclose a copy of the lease)

**Section III: These questions ask about your display/repair area:**

 ***NOTE: Recyclers/Salvage only are exempt***

1. Does your business have at least 3,500 sq. ft. of display area in or adjoining the building?  Yes  No

2. Do you lease your repair facility? If so, a copy of that lease must be provided to BMV.  Yes  No

3. Do you lease your repair facility to a Maine Inspection Technician?  Yes  No  N/A

4. If you lease your repair facility, do you have a minimum 2’ x 3’ sign stating that any repair

 work done on site for the dealership will be performed by the technician leasing the space?  Yes  No  N/A

5. Does the sign contain the technician’s address and telephone number?  Yes  No  N/A

6. Do you have the tools and equipment needed to repair and service vehicles properly?  Yes  No

7. Do you have an air compressor?  Yes  No

8. Do you have a hydraulic jack or lift?  Yes  No

9. Do you have a full set of mechanics tools?  Yes  No

10.Does the owner or an employee work as a mechanic at least 30 hrs. per week?  Yes  No

**Section IV: These questions ask about your business office:**

1. Do you have an office with at least 64 sq. ft. to keep records and conduct business?  Yes  No

2. Is your office heated?  Yes  No

3. Does your office have at least 1 desk, 2 chairs, and a filing cabinet?  Yes  No

4. Is your office completely enclosed by floor to ceiling construction?  Yes  No

5. Is your office separate from any living quarters?  Yes  No

6. Is your office located in or adjoining your business building?  Yes  No

**Section V: These questions ask about your business sign:**

1. Is your business identified by an exterior sign?  Yes  No

2. Is the sign permanently affixed to land or building?  Yes  No

3. Is the sign readable at a distance of 200 feet?  Yes  No

4. Is the sign at least 12 square feet in size?  Yes  No

5. What does the sign say? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section VI: If you are applying for a recycler dealer license, you must also complete the last set of questions by checking Yes or No to each question below.**

1. Is there a storage area in or adjoining the building?  Yes  No

2. Is the business within 1,500 feet of a state or federally owned cemetery?  Yes  No

3. Did your salvage yard exist before December 5, 1983?  Yes  No

 If No, what date did your salvage yard begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is this an expansion of an existing salvage yard?  Yes  No

5. Do you maintain a business inventory of all vehicles, component parts, body, chassis, or

 transmissions that are received or disposed of as required by law?  Yes  No

5a. Explain your record keeping procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you currently a licensed dealer in Maine?  Yes  No

7. Are you currently a licensed dealer in any other state?  Yes  No

 Signature of Applicant Title Date

**Notarization Required**

Before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who by me being duly sworn under oath says that the statements set forth above are true and correct.

Sworn to and subscribed before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Maine, on this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

 Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_