

# Arkansas Motor Vehicle Commission

900 West Capitol, Suite 400, Little Rock, AR 72201

Phone: (501) 682-1428 E-Mail: [robert.galloway@arkansas.gov](mailto:robert.galloway@arkansas.gov)

Website: [amvc.arkansas.gov](http://amvc.arkansas.gov)

Initial Cycle Dealer

**Initial License Fee: \$100.00**

**Applications must be typed and submitted with applicable documents and proper fee.**

1. Application will be returned if all required documents are not received. See page 3.

2. The license will be mailed to the listed contact person and address entered on this application.

3. Make sure *ALL* contact information, is the correct information for *each* location.

**Description of Facilities:**

Lease       Own

Entire Plot:	sq. ft. _____	Dimensions _____
Entire Bldg:	sq. ft. _____	Dimensions _____
Showroom:	sq. ft. _____	Dimensions _____
Service Dept.:	sq. ft. _____	Dimensions _____
Parts Dept.:	sq. ft. _____	Dimensions _____

**Business Information:**

**PLEASE TYPE**

Incorporated Name and/or Firm Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Physical Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Make(s) of all New Motor Vehicles: **Please specify if ATV, Automobile, Bus, Commercial Truck, Go Cart, LSV, Motorcycle, RV, Scooter, Truck, or Utility Vehicle.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Give the name of each **owner, partner** and/or **officer** of the business and **percentage of ownership**. Please include **mailing address** and **phone number**.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Read each question below and check the appropriate response.**

1. Has any owner, partner, officer, or business manager ever been refused a Motor Vehicle Dealer License or his/her license been suspended or revoked?  Yes  No

2. Has any owner, partner, officer, or business manager ever been convicted of a felony?  Yes  No

3. Has any owner, partner, officer, or business manager knowingly violated any law relating to the distribution or financing of new motor vehicles?  Yes  No

4. Has any owner, partner, officer, or business manager ever knowingly purchased, sold or acquired or disposed of a stolen motor vehicle?  Yes  No

5. Has any owner, partner, officer, or business manager ever been convicted of odometer tampering?  Yes  No

***If the answer to any of the above questions is YES, explain on a separate sheet (include names, dates and court jurisdictions).***

**All of the following documents must be submitted with the Initial Application Packet to the address on the first page of application.**

1. Copy of signed Franchise/Dealer agreement and a relevant market area statement.
2. Original \$25,000 bond for cycle dealers or \$50,000 for all other dealers (*notarized and signed*).
3. Proof of Liability Coverage on all vehicles to be offered for sale in an amount equal to or greater than the amount required by the Motor Vehicle Safety Responsibility Act, §27-19-101 et. seq.
4. Color photos – Showroom, Parts & Service, Office, Lot, and Sign.
5. Appropriate Fee.

**Read and certify by signing below.**

I hereby certify that the statements made herein or attached hereto are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

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Signature of Authorized Official

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Date

---

Printed Name of Authorized Official

---

Title of Authorized Official

# Arkansas Motor Vehicle Commission

## Initial Affidavit

I, \_\_\_\_\_, of  
Name of Principal Owner or Agent of Record on file.

\_\_\_\_\_  
Name of Firm, Business or Corporation

do hereby swear or affirm that, in consideration for being licensed as a New Motor Vehicle Dealer, Motor Vehicle Lessor, Manufacturer, Distributor, Manufacturer or Distributor Branch/Division, Second Stage Manufacturer, or Converter in the State of Arkansas, I have received, or been directed to, a copy of the current Arkansas Motor Vehicle Commission ACT and AMVC Rules and will comply with the provisions and any amendments set forth therein to the best of my ability; specifically Subchapter 3 – Licensing and Rules, and Subchapter 4 – Unlawful Practices.

I also understand that any activity on my behalf which is found to be in violation of the Commission ACT and/or Rules as amended, after a hearing before the Commission, could result in the imposition of civil penalties, suspension and/or revocation of my license to do business as a new Motor Vehicle Dealer, Motor Vehicle Lessor, Manufacturer, Distributor, Manufacturer or Distributor Branch/Division, Second Stage Manufacturer, or Converter in the State of Arkansas.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Principal / Agent

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), before me, the undersigned, personally appeared to be the person described in the forgoing instrument and acknowledge that he/she executed the same in the capacity therein stated and for the purposes therein contained and set forth.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

SEAL

\_\_\_\_\_  
Notary Signature

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

**ARKANSAS MOTOR VEHICLE COMMISSION**  
**900 WEST CAPITOL, SUITE 400**  
**LITTLE ROCK, ARKANSAS 72201-3826**  
Visit our web site: [amvc.arkansas.gov](http://amvc.arkansas.gov)  
E-mail: [robert.galloway@arkansas.gov](mailto:robert.galloway@arkansas.gov)

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900 West Capitol, Suite 400  
Little Rock, AR 72201  
(501) 682-1428 (phone) Website: [www.amvc.arkansas.gov](http://www.amvc.arkansas.gov)  
E-Mail: [Robert.galloway@arkansas.gov](mailto:Robert.galloway@arkansas.gov)



## DEALERSHIP CONTACT INFORMATION SHEET

The Commission may need to contact your dealership regarding the following matters.  
List the appropriate contact information.

Please notify the Commission if the contact information changes in between renewals.

**Dealership Renewal Contact Name:**

Phone #:

E-Mail Address:

**General Manager Contact Name:**

Phone#:

E-Mail Address:

**Sales Personnel Initial/Renewal Contact Name:**

Phone #:

E-Mail Address:

**Advertising Contact Name:**

Phone#:

E-Mail Address:

**Mfg./Dist. Programs Contact Name:**

Phone#:

E-Mail Address:

**Consumer Complaint Contact Name:**

Phone#:

E-Mail Address:

**SURETY BOND**

**NEW MOTORCYCLE, ATV, SCOOTER, UTILITY VEHICLE or LESSOR**

Bond Number: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT we, \_\_\_\_\_ / \_\_\_\_\_,  
Incorporated Name and/or Firm Name DBA Name

PRINCIPAL/LICENSEE, Street Address \_\_\_\_\_, City of \_\_\_\_\_  
Physical Location

County of \_\_\_\_\_, State of Arkansas and the \_\_\_\_\_  
Surety / Insurance Company

a Surety Insurance Company qualified and authorized by the Arkansas Insurance Commissioner to do business, as Surety, in the State of Arkansas, are held and firmly bound unto the State of Arkansas to indemnify any and all persons, firms and corporations for any loss sustained by acts of the PRINCIPAL/LICENSEE when those acts constitute grounds for the suspension or revocation of the license; and by reason of violation of the PRINCIPAL/LICENSEE of conditions hereinafter contained, in the penal sum of twenty-five thousand dollars (\$25,000) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that WHEREAS, the said PRINCIPAL/LICENSEE is applying for/has received a license to do business as a NEW MOTOR VEHICLE DEALER OR MOTOR VEHICLE LESSOR within the State of Arkansas. NOW, THEREFORE, if the PRINCIPAL/LICENSEE shall faithfully observe and comply with all the requirements of A.C.A. Section 23-112-101, et seq. as amended, of the laws of the State of Arkansas, and indemnify for any loss sustained by any person by reason of the acts of the PRINCIPAL/LICENSEE bonded when such acts constitute grounds for the suspension or revocation of the license, then this obligation of the Surety to be void, otherwise this bond is to remain in full force and effect and shall not be extinguished. Any liability which accrues while this bond is in force and is in effect shall remain and shall not be extinguished, regardless of the cancellation of this bond, as set forth herein. The proceeds of the bond shall be paid upon receipt by the State of Arkansas of a final judgment from an Arkansas court of competent jurisdiction against the PRINCIPAL/LICENSEE and in favor of an aggrieved party.

The total liability of the Surety for all claimants, regardless of the number of years this bond is in force, or has been in effect, shall not exceed the amount of the bond.

The Surety shall have the right to cancel this bond by filing thirty (30) days prior written notice of such cancellation with the PRINCIPAL/LICENSEE and the ARKANSAS MOTOR VEHICLE COMMISSION, 900 West Capitol, Suite 400, Little Rock, Arkansas 72201-3826.

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PRINCIPAL/LICENSEE (Please print or type)

\_\_\_\_\_  
SURETY OR INSURANCE COMPANY NAME

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PRINCIPAL/LICENSEE

\_\_\_\_\_  
ATTORNEY-IN-FACT & RESIDENT AGENT (Please print or type)

\_\_\_\_\_  
SIGNATURE OF ATTORNEY-IN-FACT & RESIDENT AGENT

SEAL