Arkansas Motor Vehicle Commission
900 West Capitol, Suite 400, Little Rock, AR 72201
Phone: (501) 682-1428  E-Mail: robert.galloway@arkansas.gov
Website: amvc.arkansas.gov

Initial License Fee: $100.00

NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPARATE APPLICATIONS WITH REQUIRED FEES.

Description of Facilities: Refer to AMVC Rule 4 (A)(1)-(2) for facility requirements

Entire Business Plot: sq. ft. _______ Dimensions __________
Entire Building Used: sq. ft. _______ Dimensions __________

Business Information:

PLEASE TYPE

Incorporated Name and/or Firm Name: _________________________________________________________
DBA Name: ______________________________________________________________________________
Physical Address: ____________________________________City: ____________State: _____Zip: ________
Mailing Address: ____________________________________City: ____________State: _____Zip: ________
Phone: _______________ ext: ______ Fax: _______________ Contact Person: _________________________
E-Mail Address: ______________________________________ Website: ______________________________

Select Type of Business: ____ Individual   _____ Partnership   _____ Corporation    _____ INC.    _____ LTD   _____ LLC

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:_________________________

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.

_________________________________________
Signature of Authorized Official

_________________________________________
Printed Name of Authorized Official

_________________________________________
Date

_________________________________________
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.

_______________________________________
Notary Signature

SEAL

My Commission Expires

ARKANSAS MOTOR VEHICLE COMMISSION
900 WEST CAPITOL, SUITE 400
LITTLE ROCK, ARKANSAS  72201-3826
Visit our web site: amvc.arkansas.gov
E-mail: robert.galloway@arkansas.gov
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 as  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 contain ed, 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 s hall 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 a cts 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 fina l
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, 101 East Capitol,
Suite 204, 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 ATTORENY-IN-FACT & RESIDENT AGENT (Please print or type)

_________________________________________________

SIGNATURE OF ATTORNEY-IN-FACT & RESIDENT AGENT

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