

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 Lessor License

Initial License Fee: \$100.00

NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPERATE 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: _____

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

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
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 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, 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

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

SIGNATURE OF ATTORNEY-IN-FACT & RESIDENT AGENT

SEAL