

Arkansas Motor Vehicle Commission

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

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Website: amvc.arkansas.gov

Initial Lessor Branch License

Initial License Fee: \$50.00

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

Business Information:

PLEASE TYPE

Incorporated Name and/or Firm Name: _____

DBA Name: _____

Physical Address: _____ City: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ AR: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Phone: _____ Ext: _____ Email: _____

General Manager: _____ Phone: _____ Ext: _____ Email: _____

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 the members of this organization are familiar with the provisions of the laws under which this application is made; and that I, as proprietor, partner, or proper officer of the corporation, have authority to make the statements contained herein.

Signature of Authorized Official

Date

Printed Name of Authorized Official

Title of Authorized Official