

# Arkansas Motor Vehicle Commission

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

Lessor Renewal

*Please Select the type of license:*

Lessor  Lessor Branch

**Renewal License Fee: \$100.00 Lessor Branch: \$50.00**

**NOTE: EACH BRANCH LOCATION MUST BE SUBMITTED ON SEPERATE APPLICATIONS WITH REQUIRED FEES. Applications must be typed and submitted with applicable documents and proper fee. Incomplete applications will be returned.**

### Business Information:

**PLEASE TYPE**

AMVC License Number:  (Located on the upper left corner of current license certificate)

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