# OKLAHOMA MOTOR VEHICLE COMMISSION APPLICATION PACKET FOR POWERSPORTS DEALER ADDING FRANCHISE LICENSE(S)

#### "POWERSPORTS" is defined as Motorcycles, Scooters, ATVs and UTVs

**THIS PACKET IS FOR:** Powersport Dealers adding new makes of powersports to their currently licensed new motor vehicle dealership.

Dealers must be licensed, <u>for each make of powersport sold</u>. It is unlawful to sell, advertise or display new powersports for which no license is held. Sanctions such as fines or denial of license may be imposed for non-compliance.

**Very Important!** The Manufacturer/Distributor(s) of the powersports for which you plan to sell, must also be licensed by this Commission. Please check with us to make sure they are properly licensed.

#### \*\*CAREFULLY FOLLOW THE CHECKLIST BELOW TO MAKE COMPLETE APPLICATION\*\*

 1.	<b><u>DEALER APPLICATION FORM</u></b> : Form must be complete, signed and notarized. IF WE CAN'T
 2.	FINANCIAL INFORMATION: Submit a Company Balance Sheet or Pro Forma Balance Sheet. Do not submit personal financial information. The Balance Sheet must be signed and certified by an officer of the company, and current within the last 60 days. A blank form is included in this packet for your convenience, or you may submit your own, but make sure it is signed and certified that it is accurate.
 3.	MANUFACTURER/DISTRIBUTOR(S): Provide list of names, addresses, phone numbers and
 4.	DEALER AGREEMENT(S): Dealer Agreement(s) signed by the dealer and manufacturer/distributor are required for licenses. However, this Application may be submitted and considered by the Board without these document(s). The Board can choose to approve the application "contingent upon" receipt of the Dealer Agreement(s). Keep in mind the actual powersport dealer license(s) will not be issued until the signed Dealer Agreement(s) are received
 5.	<b>FEE:</b> \$300 per each powersport manufacturer or distributor. Checks or Money Orders only. No cash or credit cards. License Fees are non-refundable unless application is denied.
 6.	<b><u>DEADLINE</u></b> : Applications are only considered by the Board at the monthly Commission Meeting on the second Tuesday of each month. The <b>deadline</b> to submit an application packet is the Monday eight days prior to the meeting. NO EXCEPTIONS!

Contact Marilyn Maxwell at (405) 607-8227, ext 101, for assistance.

#### OKLAHOMA MOTOR VEHICLE COMMISSION

### APPLICATION FOR POWERSPORTS DEALER ADDING NEW POWERSPORTS

#### PLEASE TYPE.

1. DBA Name			2. Legal Ent	ity			
3. Physical Address				•	(if differ	rent)	
5. Filysical Address	Street Address	Cit	y	State	Zip	Cor	ınty
4. Mailing Address							
(if different)	P.O. Box		City		State	Z	ip
5. Main Phone # (	)		6. Website ad	ldress:			
7. Dealer Principal	Name		Direct Pl	hone #		E-Mail	
General Manager (if different)			· <u></u>			<del></del>	
Contact Person(filling out this form)							
8. Type of Ownership:	□Individual	□ Partnership	□ Corporation	LLC	□ LP		
9. Complete for each O	wner, <u>Officer, Ll</u>	<u>LC Member</u> , and <u>(</u>	General Manag	er (including	DOB and pe	rcent of owi	nership)
NAME	CC	OMPLETE HOME A	ADDRESS		TITLE	D.O.B.	%
							%
							%
							%
	<del></del>						
							%
							%
10. Have you or any of the	the principals eve	er had a Motor Vehi	cle Dealer or Sa	lesperson Lice	ense <b>susnen</b> d	led denied	or
revoked in this <u>or</u> a							or .
11. Have you or any of the			•				
Who?		Where?	)		_ When?		
(circle one) Federa	al or State Char		of:				

<sup>\*\*</sup>If yes, attach copy of a Criminal History Background Report relating to the felony charge(s). The Application will not be processed without this documentation. This Commission has the authority to verify, independently, the accuracy of your response.

12. List **Powersports Manufacturer/Distributors being added.** If more than 4, attach separate page. Type Code PS = Powersports

Manufacturer/Distributor	Type Code	Fee	Manufacturer/Distributor	Type Code	Fee
	PS	\$300		PS	\$300
	PS	\$300		PS	\$300

13. Descri	be the extent of your trade area assigned by EACH Manu	facturer(s) or Distributor(s):
	owledge, by my initials herein, that it is our responsibility to ad we shall do so, in accordance with Oklahoma Law and	
that the me that I, as D	rtify that the statements in or attached to this Application mbers of this organization are familiar with the provision ealer or Executive Manager, have authority to make state	s of the law under which this Application is made; and
Signed	Signature of Dealer or Executive Manager Only	Print Name
	Title	Date
Notary:	Subscribed and sworn to (or affirmed) before me the	nis, 20,
	Notary Public	My Commission Expires:
	Commission Number:	(SEAL)

## **FEE:** \$300.00 per Powersports Manufacturer Represented\*

\*Not refundable unless application is denied or withdrawn prior to consideration at monthly Commission Meeting\*

Make one check payable and submit to: **Oklahoma Motor Vehicle Commission** 

4334 N.W. Expressway, Suite 183 Oklahoma City, OK 73116

(405) 607-8227

	As of			
SSETS:				
Current Assets:				
Cash on Hand and in Bank				
Accounts Receivable				
Factory Receivables				
Notes Receivable				
<b>Total Cash and Receivables</b>				
Inventories:				
New Motor Vehicles				
Used Motor Vehicles				
Parts and Accessories				
Other Inventories				
Total Inventories				
Other Current Assets:				
Total Current Assets:				
Property, Plant, and Equipment:				
Land and Buildings				
Furniture, Fixtures, Equipment				
Company Vehicles				
Leasehold Improvements				
Other				
Total Property, Plant, & Equip:				
Other Dealership Assets:				
Total Non-Current Assets: OTAL ASSETS:				
IADII ITEO				
<u>LIABILITES</u>				
Current Liabilities:				
Accounts Payable				
Notes Payable - Floor Plan				
Other Short-Term Notes				
Other Current Liabilities				
Total Current Liabilities:				
Long-Term Liabilities:				
Mortgages Payable				
Other Long-Term Notes				
Total Long-Term Liabilities:				
OTAL LIABILITES:				
IET WORTH / OWNERS EQUITY:				
Capital Stock				
Additional Paid in Capital				
Retained Earnings				
Other (Explain)				
OTAL NET WORTH / OWNERS EQUITY:				
OTAL LIABILITIES PLUS NET WORTH:				
I CERTIFY THAT THIS FINANCIAL INFO	ORMATION IS TRUE	AND CORRECT TO	THE BEST OF MY K	NOWLEDGE.
Signature	Printed Name		Title	

BALANCE SHEET

**Company Name**