



South Carolina Department of Motor Vehicles

APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1
(Rev. 7/18)

4. Sales Tax number assigned by S.C. Department of Revenue	(Sales Tax #):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have monthly sales tax reports been filed with the S.C. Department of Revenue?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you sell motor vehicles on credit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If yes to (#6), have you filed any credit notifications or maximum rate documents with the department of Consumer Affairs?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a Dealer's Manual? (Note: The dealer manual is available at www.scdmvonline.com)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is your business financially backed by another person or business? If yes, give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you a subsidiary company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business financially back any other dealer or wholesaler? If yes, list name and address of business:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			Address _____	
11. Has the applicant, owner, sales personnel, or agent been licensed as a motor vehicle dealer? If yes, answer the following on a separate sheet of paper: a) name of business, b) address, and c) the dates the business was in operation. Also indicate whether any claims or charges of fraudulent or deceptive trade practices or odometer rollbacks were brought against these individuals or entities.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Has the owner, applicant, sales personnel, or agent ever been convicted of any offense involving any motor title or registration, auto theft, or odometer rollbacks? If yes, give: a) details, b) name and address of court, c) date of convictions, d) offense convicted of, and e) punishment imposed on a separate sheet of paper.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has the owner, applicant, sales personnel, or agent allowed the use of demonstration plates to operate wrecker in use by the business or to operate vehicle owned by the business that are leased or rented by the public? If yes, give details on a separate sheet of paper.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has the licensed or demonstration plates of your business or any employee of your business ever been suspended or revoked or subject to suspension revocation? If yes, give details on a separate sheet of paper.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. List: a) complete name (do not use initials), b) address, and c) driver's license number of the actual owner of the business. (Any person who has at least 10% ownership in the business). Please list additional owners on a separate sheet of paper.				
Name of Owner _____			Residence Address _____	
			Driver's License No. _____	
16. List: a) name, b) address, and c) driver's license number of principal sales manager of your business. Please list additional managers on a separate sheet of paper.				
Name of Sales Manager _____			Address of Sales Manager _____	
			Driver's License No. _____	
17. List: a) name, b) address, and c) driver's license number of employees/agents of your business. Please list additional employees/agents on a separate sheet of paper.				
Name of Employee/Agent		Address of Employee/Agent		Driver's License No.
18. Has the applicant met all requirements with the city or county where you're requesting to be licensed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. Under penalties of perjury, I declare that I am the owner, partner or corporate officer of the business named on this application and that all the information is true and correct. I further understand that false responses to these questions may result in denial, suspension or revocation of the motor vehicle license being sought and may subject me to prosecution for perjury and other criminal offenses. I have freely and knowingly executed the formalities of an oath in this affirmation and I hereby certify that I am authorized to apply for the license.

Signature of Owner or Corporate Officer (Entity Owned) _____ Print Full Name (of person signing) _____ Date _____ / ____ / ____

MAIL ALL FORMS AND DOCUMENTS TO:

South Carolina Department of Motor Vehicles
Dealer Licensing & Audit Unit
P.O. Box 1498 | Blythewood, South Carolina 29016-0023
www.scdmvonline.com | (803) 896-2611