



South Carolina Department of Motor Vehicles

APPLICATION FOR A DEALER OR WHOLESALER LICENSE

DLA-1
(Rev. 01/2024)

This form must be completed in its entirety. If space provided is insufficient, please reply on a separate sheet of paper and attach as part of the application. Do not staple documents. **Submit original bond and power of attorney with application. Please note:** A bond and power of attorney are not required to renew your license. A license cannot be renewed in a canceled status. If your license is cancelled, contact the Business License Unit to obtain further requirements.

I.	Check One	<input type="checkbox"/> Renewal <input type="checkbox"/> First Time Application Change of: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Category <input type="checkbox"/> Ownership <input type="checkbox"/> Personal Representative <i>(NOTE: Contact Business License Unit to determine if a new bond is required.)</i>	Check One	<input type="checkbox"/> Dealer (Retail/Wholesale) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Wholesale (Only) <input type="checkbox"/> Motorcycle Wholesale <input type="checkbox"/> Motorcycle <input type="checkbox"/> Wholesale Auction
	Application Fees	Renewal: License Fee \$150 Plate Fee \$20 each (submit with application at an SCDMV branch office) First Time Application: License Fee \$150 Plate Fee \$20 each (not required at time of application submission) Business Name or Address Change: License Fee \$150 Plate Fee \$1 each registration update (submit with application) Category Change: License Fee \$150 Plate Fee \$20 each (Not required at time of application submission) Wholesale Auction: License Fee \$50 (annually)		
	Check One	Are you a manufacturer, distributor, or franchisor of motor vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state law prohibits retail sales of motor vehicles by manufacturer, distributor, or franchisor making you ineligible for a dealer or wholesaler license.		

II.	I (we) hereby apply for license to engage in the PRINCIPAL BUSINESS of selling or dealing in motor vehicles within the State of South Carolina.									
Name of Dealership										
Dealership Street Address										
City		State		ZIP		County				
Special Mailing Address		City		State		ZIP				
Cell Number:	-	-	Business Number	-	-					
Email Address:										
Do you conduct business at a location other than the principal business address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Property must be adjacent to or within sight of your principal business address and must display the same sign)										
Contiguous Property Street Address										
Have you met all requirements, if any, to lawfully conduct business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Check Only One:		<input type="checkbox"/> Franchised		<input type="checkbox"/> Non-franchised						
If franchised, list Make(s) of Vehicles:		1.		2.		3.				

III.	1. Do you have a surety bond in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Surety Company						Name of Liability Insurance				
Address of Surety Company (Street, City, State, ZIP)						Name of Policyholder (Dealership's Name)				
Surety Bond #						Policy #				
Effective Date		/ / to / /		Effective Date		/ / to / /				
Name of Principal (Dealership's Name)						Name of Agent/Agency				
Telephone # of Bond Comp.		- -		Telephone # of Agent		- -				
2. Was the business a licensed South Carolina dealer/wholesaler during the previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, list the license #				Indicate # of demonstration plates assigned						
		# of Motor Vehicles		# of Recreational Vehicles		# of Motorcycles				
PURCHASED (during previous year)										



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SOLD (during previous year)				
First time dealers or dealers licensed less than one calendar year	I hereby estimate that I will sell approximately _____ motor vehicles and will insure _____ plates during the upcoming year. I understand that the number of license plates may be increased or decreased according to actual sales.			
3. Sales Tax number assigned by S.C. Department of Revenue		(Sales Tax #)		
4. Do you sell motor vehicles on credit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes to #4, have you filed any credit notifications or maximum rate documents with the Department of Consumer Affairs?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
For the following questions, use a separate sheet of paper if there is not enough space provided on this form for your answers.				
7. Do you use a floor planner? If yes, list the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Planner Name	Address	Contact Number		
8. Is your business financially backed by another person or business? If yes, list the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Business	Address	Contact Number		
If applicable, this business is a subsidiary of:				
Name/Business	Address	Contact Number		
9. Does your business financially back any other dealer or wholesaler? If yes, list the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Address	Contact Number		
10. Has the applicant, any owner, any sales personnel, or agency been licensed in any state or jurisdiction 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
11. Has the applicant, any owner, any sales personnel, or agency ever:				
a) made a material misstatement in an application for a dealer license?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b) violated any provision of Chapter 15 of Title 56 or Article 3 of Chapter 19 of Title 56?				<input type="checkbox"/> Yes <input type="checkbox"/> No
c) committed any fraud connected with the sale or transfer of a motor vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No
d) employed fraudulent devices, methods, or practices in connection with meeting the requirements placed on dealers and wholesales by the laws of this State?				<input type="checkbox"/> Yes <input type="checkbox"/> No
e) violated any law involving the acquisition or transfer of a title to a motor vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No
f) tampered with, altered, or removed motor vehicle information or markings?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g) violated any federal or state law regarding the disconnecting, resetting, altering, or other unlawful tampering with a motor vehicle odometer, including the provisions of 49 USC 32701-32711 including the provisions of 49 USC 32701-32711?				<input type="checkbox"/> Yes <input type="checkbox"/> No
h) given, loaned, or sold a dealer license plate to any person or otherwise allowed the use of any dealer license plate in any way not authorized by Section 56-3-2320?				<input type="checkbox"/> Yes <input type="checkbox"/> No
i) accepted or delivered a certificate or title to any other dealer, wholesaler, or any other person in which the title or assignment or title is signed in blank? or				<input type="checkbox"/> Yes <input type="checkbox"/> No
j) failed to maintain records of each motor vehicle transaction as required by Chapter 15 of Title 56 or by state or federal law pertaining to odometer records?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you check yes for any above, give: a) details related to event, and b) if criminal charges were involved: 1) name and address of court; 2) the name and address of the law enforcement agency involved; 3) date of any arrests, indictments, and convictions; 3) name of offenses charged or convicted of; and 4) if convicted, punishment imposed. Provide all details on a separate sheet of paper for each event checked yes and provide copies of any relevant paperwork related to each event.				<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has the applicant, any owner, any sales personnel, or any agent been convicted of, pled guilty to, or pled nolo contendere to any of the following offenses, in any state, within the last 10 years:				
a) A violent crime as defined in S.C. Code 16-1-60?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b) a crime involving illegal drugs, other than simple possession of marijuana?				<input type="checkbox"/> Yes <input type="checkbox"/> No
c) a crime involving tax evasion or failure to pay taxes or fees as required by law?				<input type="checkbox"/> Yes <input type="checkbox"/> No
d) a crime involving the illegal use, carrying, or possession of a dangerous weapon?				<input type="checkbox"/> Yes <input type="checkbox"/> No
e) any crime having an element of identity theft, misuse of another person's identity information, larceny, embezzlement, false statements, falsification of documents, false swearing or dishonest or deceitful dealing? or				<input type="checkbox"/> Yes <input type="checkbox"/> No
f) a crime having an element of criminal sexual battery or conduct of any type or degree with				<input type="checkbox"/> Yes <input type="checkbox"/> No



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<p style="text-align: center;">a minor or any adult?</p> <p>If you check yes for any above, give: a) details related to event, b) name and address of court, c) the name and address of the law enforcement agency involved, d) date of any arrests, indictments, and convictions, e) name of offenses originally charged and offenses eventually convicted of; f) punishment imposed, and g) whether registration as a sex offender is required under South Carolina law. Provide all details on a separate sheet of paper for each event checked yes and provide copies of any relevant paperwork related to each event.</p>	
<p>13. Has the license or demonstration plates of your business or any employee of your business ever been suspended, revoked, or subject to suspension or revocation? If yes, give details on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do you have an immediate family member (spouse, parent, stepparent, child, stepchild, sister, brother, grandparent, and grandchild) who is or has ever been a licensed dealer in this state? If yes, give details on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. List Owner(s): 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.</p>	
Name of Owner	Residence Address
<p>16. List all Sales Manager(s): 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.</p>	
Name of Sales Manager	Address of Sales Manager
<p>17. List all Employee(s): 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.</p>	
Name of Employee/Agent	Address of Employee/Agent
18. Have you met all requirements with the city or county where you're requesting to be licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. 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 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. **Branch office please note: The below signature must be signed by a listed owner or a listed corporate officer in Phoenix. No other person can sign this document.**

		/ /
Signature of Owner or Corporate Officer	Print Full Name of Owner or Corporate Officer	Date

MAIL OR EMAIL ALL FORMS AND DOCUMENTS TO:

Standard Mail	Overnight Mail
South Carolina Department of Motor Vehicles Attn: Business License Unit P.O. Box 1498 Blythewood, South Carolina 29016-0023 Phone: (803) 896-2611 Fax: (803) 896-8172 www.scdmvonline.com dealerdocuments@scdmv.net	South Carolina Department of Motor Vehicles Attn: Business License Unit 10311 Wilson Blvd., Building C Blythewood, SC 29016-0023 Phone: (803) 896-2611 Fax: (803) 896-8172 www.scdmvonline.com dealerdocuments@scdmv.net