



77-697-10-1-1-000

DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

MOTOR VEHICLE LICENSING BUREAU

P. O. Box 1140
Jackson, MS 39215
Phone: (601) 923-7143
Fax: (601) 923-7134
www.dor.ms.gov

**INSTRUCTIONS FOR COMPLETING APPLICATIONS FOR
MOTOR VEHICLE DEALER PERMIT AND TAG(S)**

These procedures must be followed when applying for any type of Motor Vehicle Dealer Permit:

1. Please review the Motor Vehicle Dealer Tag Permit Law Book which includes Dealer Tag Regulations #1, #2, and #3 before completing the application forms. The Dealer Tag Permit Application must be typed or printed. Incomplete forms will be returned without processing.
2. You must have the Bond of Designated Agent executed by an insurance company in the amount of \$15,000.00. This surety bond must be written by an insurance company qualified to do business in the State of Mississippi. The bond must have a seal affixed to it and a valid Power of Attorney attached. If the business is a sole ownership, the owners name as well as the business name must be shown on line 1 of the bond. If the business is a partnership, all partner's names including the business name must be shown on line 1. The business name will be shown as a d/b/a. If the business is a corporation, the correct corporate name as registered with the Secretary of State must be on line 1. If the corporation has a trade name or dba, both names must be shown on line 1 (i.e. ABC Corp dba ABC Used Cars). The bond must be signed by the principal(s), the Attorney-in-Fact and the Mississippi resident agent where indicated on the bond. The second line of the bond must show the city in which the business will be located and operated.
3. All persons applying for a Motor Vehicle Dealer Permit are required to complete the eight (8) hour educational seminar conducted by the Mississippi Independent Auto Dealers Association (MIADA). Your application must be accompanied by the certificate of completion for the class during the twelve-month period immediately preceding the date of the application.
4. You are required to maintain motor vehicle liability insurance providing blanket coverage on vehicles operated on the public streets and highways of this state, including vehicles in dealership inventory. Evidence of liability insurance for business and inventory vehicles shall be filed with the initial application for license and at each renewal.
5. The registration application for a sales tax number must be completed and a sales tax number assigned. A sales tax number will be required for each motor vehicle dealer location. Also, if you plan to rent vehicles, another sales tax number is required. These forms may be found at www.dor.ms.gov.
6. Wholesale only dealers must meet all the requirements outlined in the sections above. However, they are not allowed to retail vehicles to individuals, only to licensed dealers. They are not required to have a physical location, but may only maintain an inventory of two (2) vehicles and can receive one (1) wholesale dealer tag. A wholesale only dealer will be issued a sales tax wholesale account number. These permits are issued only for Mississippi Residents.
7. If you are applying for a license as a "Dismantler Only" and you sign the affidavit attesting to the fact that you will not sell any motor vehicles and/or manufactured homes, the requirement of the bond of designated agent and number will be waived and no dealer tags will be issued.
8. The completed dealer application including sales tax number assigned, bond of designated agent, notarized affidavit, certification of completion for the educational seminar, and proof of liability insurance should be forwarded to:

Mississippi Department of Revenue
Motor Vehicle Licensing Bureau
P. O. Box 1140
Jackson, MS 39215

If you have any questions, please call the Motor Vehicle Licensing Bureau at (601) 923-7143.

AFFIDAVIT OF MOTOR VEHICLE LICENSE APPLICANT

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY APPEARED before me, the undersigned authority in and or for the aforesaid jurisdiction, _____, who after being duly sworn, did depose and say:
(Name of Affiant)

1. My name is _____ and I operate a business selling motor vehicles, located at _____
(Business Address)

2. I have personal knowledge of the matters set forth in this Affidavit and I am competent to testify as to these matters.

3. I have met the definition of "Established place of business" as provided in Section 27-19-303, Miss. Code. Ann., by having:

A place owned or leased and regularly occupied by me for the primary and principal purpose of and where it is apparent that I am holding out to the general public that I am offering motor vehicles, tractors, trailers or semitrailers for sale.

4. By initialing the appropriate selection, I testify that I have:

_____ A. An office separate from and not in conjunction with or related to any other business for the purpose of transacting the business of offering motor vehicles, tractors, trailers or semitrailers for sale.

Or

_____ B. A sign indicating the name of the business, the name of the owner, telephone number and that the business is a motor vehicle dealer that is clearly visible and located at the front of the lot, and a lot which is separate and apart from any other business.

5. I understand that improper testimony may result in the revocation of any subsequently issued Motor Vehicle Dealer Permit and subject me to other penalties related to false testimony.

6. I agree to return all unused titling paperwork, including but not limited to title applications and remittance advices, upon the closing of my business.

Name of Officer/Retail Business Owner

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, 20_____.

Notary Public

My commission expires:



Mississippi Application for Motor Vehicle Dealer License

Application for year beginning November 1, _____

New Supplement

Legal Name			
Primary Address (Number and Street, Including Rural Route)			
City	State	Zip	County Code

Corporation
 Partnership
 Sole Proprietor

Business Name (DBA)			
MS Physical Address (Number and Street, Including Rural Route)			
City	State	Zip	County Code
Phone	Ext.	Fax	

Number of Full Time Employees _____

SSN _____

Sales Tax Number _____

FEIN _____

DA/Permit Number _____

	Appropriate Types	Permit Fee	Quantity Tags	Fee Per Tag	Total Tag Fees
1	<input type="checkbox"/> Franchise (New)	\$100.00	_____	1st 12 \$43.75 (ea.) over 12 \$83.75 (ea.)	_____
2	<input type="checkbox"/> Motorcycle	\$50.00	_____	\$14.75 (ea.)	_____
3	<input type="checkbox"/> Trailer	\$75.00	_____	\$18.75 (ea.)	_____
4	<input type="checkbox"/> Wholesale ONLY	\$100.00	_____	1 only \$43.75 (ea.)	_____
5	<input type="checkbox"/> Used	\$100.00	_____	\$43.75 (ea.)	_____
6	<input type="checkbox"/> Dismantler	\$100.00	N/A	N/A	N/A
7	<input type="checkbox"/> Manufacturer	\$50.00	_____	\$18.75 (ea.)	_____
8	<input type="checkbox"/> Heavy Truck	\$100.00	_____	\$133.75 (ea.)	_____
Totals		_____	_____	Amount Due State	_____

Total Not To Exceed \$100.00.

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a permit to engage in business on the condition that I will comply in all respects with the applicable Mississippi Tax Laws and the rules and regulations hereunder.

Applicant Signature

Title

Date

All Permits and Tags Expire October 31

MISSISSIPPI DEPARTMENT OF REVENUE

TO: MS DEPARTMENT OF REVENUE
POST OFFICE BOX 1140
JACKSON, MS 39215-1140

BOND OF DESIGNATED AGENT (For Motor Vehicle Dealers)

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____

of _____, Mississippi, as Principal, and _____

of _____, a corporation incorporated under the law of the State of

_____ as Surety are held firmly bound into the State of Mississippi, as Obligee, in the sum of Fifteen Thousand (\$15,000.00) dollars, for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly, and severally, firmly by these present.

Whereas, the Principal has been duly appointed a "Designated Agent" as provided for in Section 6, Senate Bill 1688, Laws of 1968 known as The Mississippi Motor Vehicle Title Act, and such "Designated Agent" is required to furnish this bond.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the aforesaid Principal shall well and faithfully perform his duties as such "Designated Agent" then, this obligation shall be void, otherwise to remain in full force and effect.

THE PARTIES HERETO mutually agree that the Surety may cancel this bond by giving thirty (30) day notice in writing to the Mississippi Department of Revenue. Such cancellation shall be effective only as to acts committed by the Principal as such "Designated Agent" after the expiration of said thirty (30) day period.

SIGNED, SEALED AND DELIVERED, this the _____ day of _____ 20_____,

Agent

PRINCIPAL

Insurance Company Name

Owner, Agent or Officer

Mailing Address

Surety

City State Zip Code

BY _____
ATTORNEY-IN-FACT

Phone Number

AFFIX SEAL HERE:



AFFIDAVIT OF MOTOR VEHICLE DISMANTLER LICENSE

I, _____, doing business as

_____ do hereby attest that I will not sell any motor vehicles and/or manufactured homes through my business as a dismantler.

I understand that if I sell motor vehicles and/or manufactured homes, my Dismantlers License will be revoked by the Mississippi Department of Revenue.

Signature

Sworn to and subscribed before me, this _____
Day of _____, 20 _____

Date

