

MOTOR VEHICLE FINANCING AFFILIATE



JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

FOR OFFICE USE ONLY	LICENSE YEAR ENDING DECEMBER 31, _____
DRS# _____	MFA# _____

Type or Print Firm's Legal Name		
Business Address		
City or Town	IL	ZIP Code
		County
Retailers Occ. Tax Number		Business Telephone No.

TYPE OF VEHICLES: New Used

If new motor vehicles list the make(s) _____

If new, please submit a signed statement from each manufacturer or franchised distributor acknowledging a contract.

TYPE OF BUSINESS ENTITY:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation (If corporation, give date of incorporation) _____	

LIST BELOW the names and residence addresses of the proprietor, each partner, member or trustee. If a corporation, list below the names and residence addresses of all officers, directors and shareholders having a 10 percent or greater ownership interest in the corporation.

Name	Residence Telephone	Driver's License No.
Street Address	City, State and ZIP Code	
Name	Residence Telephone	Driver's License No.
Street Address	City, State and ZIP Code	
Name	Residence Telephone	Driver's License No.
Street Address	City, State and ZIP Code	
Name	Residence Telephone	Driver's License No.
Street Address	City, State and ZIP Code	
Name	Residence Telephone	Driver's License No.
Street Address	City, State and ZIP Code	

IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE LISTING

LIST BELOW all supplemental places of business.

Street	Business Telephone No.
City	ZIP
IL	County
Street	Business Telephone No.
City	ZIP
IL	County
Street	Business Telephone No.
City	ZIP
IL	County
Street	Business Telephone No.
City	ZIP
IL	County
Street	Business Telephone No.
City	ZIP
IL	County
Street	Business Telephone No.
City	ZIP
IL	County

LIST BELOW the name(s) and address of the licensed new or used vehicle dealer(s) to which the applicant will be selling, transferring, or assigning new or used motor vehicles pursuant to a written contract. If more than one dealer is listed, you must submit in writing the basis of common ownership among the dealers.

Name

Street Address	City, State and ZIP Code
Name	
Street Address	City, State and ZIP Code
Name	
Street Address	City, State and ZIP Code
Name	
Street Address	City, State and ZIP Code
Name	
Street Address	City, State and ZIP Code

IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE LISTING

1. Were you licensed under Chapter 5 of the Illinois Vehicle Code (IVC) in the previous year? Yes No
If answered yes, give the license number. _____
2. Has your license under Chapter 5 of the IVC ever been revoked or suspended?
3. Has your application for a license under Chapter 5 of the IVC ever been denied?
4. Give year in which application was denied, license revoked, or suspended. _____
5. Has any officer, director, owner, or partner committed a felony in the past three years? Yes No
6. If answer to 5 is Yes, an explanation indicating date and occurrence must accompany this application. _____

INSTRUCTIONS

This application must be accompanied by: (1) Proof you have obtained a tax number, issued by the Illinois Department of Revenue; (2) a Certificate of Insurance providing appropriate liability coverage for each business location licensed in the amount of \$100,000 for bodily injury, \$300,000 for each accident, and \$50,000 for property damage and not to expire before December 31.

Quantity	Authority Fees Vehicle Dealers	Amount
_____	Certificate of Authority – Annual Fee.....	\$1,000.00 _____
_____	For First Registration, June 15th thru Dec. 31st.....	500.00 _____
_____	Supplemental Certificate of Authority – Annual Fee	250.00 _____
_____	For First Registration, June 15th thru Dec. 31st.....	125.00 _____
Description of Remittance:	Draft, Check Postal or Exp. M.O. # _____	Total Fee _____
Do not send currency or stamps, remittance must be in the form of check, draft or money order and must be payable to Secretary of State.		

Secretary of State
Vehicle Services Department
Dealer Licensing Section
Springfield, Illinois 62756

Mail Applications To:

I hereby attest and duly verify that all of the information contained in this application on both front and back, is true and correct to the best of my knowledge and I further certify that I have read and understand the statement and affidavit contained on this application.

(Written Signature of Authorized Person) _____
(Date)

Your signature authorizes the Secretary of State to lower the amount of your check if fee submitted is greater than the required fee for mail-in transactions.

Subscribed and sworn to before me this _____ day of _____, _____.
(Month) (Year)

(SEAL)

(Notary Public)

STATEMENT

I hereby state, that the officers, directors, shareholders having a ten percent or greater ownership interest therein, proprietor, a partner, member, officer, director, trustee, manager or other principals in the business have not committed in the past three years any one violation as determined in any civil, criminal or administrative proceedings of any of the following Acts:

- a) The "Anti Theft Laws" of the Illinois Vehicle Code;
- b) The "Certificate of Title Laws" of the Illinois Vehicle Code;
- c) The "Offenses against Registration and Certification of Title Laws" of the Illinois Vehicle Code;
- d) The "Dealers, Transporters, Wreckers and Rebuilders Laws" of the Illinois Vehicle Code;
- e) Section 21-2 of the Criminal Code of 1961, Criminal Trespass to Vehicles; or
- f) The "Retailers Occupation Tax Act":

I further state, that the officers, directors, shareholders having a ten percent or greater ownership interest therein, proprietor, partner, member, officer, director, trustee, manager or other principals in the business have not committed in any calendar year three or more violations, as determined in any civil, criminal or administrative proceedings, of any one or more of the following Acts:

- a) The "Consumer Finance Act";
- b) The "Consumer Installment Loan Act";
- c) The "Retail Installment Sales Act";
- d) "The Motor Vehicle Retail Installment Sales Act";
- e) The "Interest Act";
- f) The "Illinois Wage Assignment Act";
- g) Part 8 of Article XII of the Code of Civil Procedure; or
- h) The "Consumer Fraud Act".

AFFIDAVIT

Upon my application for a license to deal in vehicles or their component parts, I attest that I have read and understand the Illinois Vehicle Code especially the sections that deal in the anti-theft laws and the sections that pertain to dealers, repairers, rebuilders, used parts dealers, scrap processors, auctioneers, and out-of-state salvage buyers.

I understand that all vehicles that are wrecked or salvaged, must either have an Illinois Junking Certificate or an Illinois Salvage Certificate.

I further understand that at no time may I remove, deface or alter a vehicle identification number from any vehicle or component part, whether this number is stamped into the part or affixed to a plate attached to this vehicle or component part. I understand it is unlawful for me to even possess a vehicle or component part which has had these numbers or plates removed.