



# SUPPLEMENTAL DEALER / REBUILDER VEHICLE DEALER CERTIFICATE APPLICATION

DEALER NUMBER

EXPIRATION DATE

EFFECTIVE DATE

- All supplemental locations must operate under the same ownership and business name as shown on the current certificate. (ORS 822.040)
- Submit application with all required signatures and fees to:  
**Business Licensing Unit, 1905 Lana Avenue NE, Salem OR 97314**
- Any alteration of Line 2 voids location approval.

FEE: ☐ \$350

1	LEGAL NAME OF BUSINESS	ASSUMED BUSINESS NAME (DBA) IF APPLICABLE		BUSINESS TELEPHONE ( )	
2	SUPPLEMENTAL LOCATION (STREET AND NUMBER)	CITY	COUNTY	ZIP CODE	
3	MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
4	MAIN BUSINESS LOCATION			BUSINESS EMAIL	

## DEALER CERTIFICATION – Must be signed by the dealer –

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$2,500 or both. In addition, DMV sanctions against you or your dealer certificate may be imposed.

With the above penalties in mind, I CERTIFY:

I am the owner, a partner of a partnership, an LLC member, or a corporate officer of this business entity, and that all information on this application is accurate and true. This business deals in vehicles, or rebuilds vehicles at the location given. This supplemental location will operate under the same ownership and business name as shown on the current certificate.

5	PRINTED NAME	TITLE
6	SIGNATURE X	E-MAIL

## SUPPLEMENTAL BUSINESS LOCATION INFORMATION

7	<b>Property is (check one):</b> <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED / RENTED: If property is "Leased / Rented" complete the following: LEASE OR RENTAL PERIOD: _____			
8	PROPERTY OWNER'S FULL NAME		TELEPHONE NUMBER ( )	
9	PROPERTY OWNER'S MAILING ADDRESS	CITY	STATE	ZIP CODE

## 10 LOCATION APPROVAL – If renewal, see instructions –

Certification of Local Zoning and Business Regulatory Compliance. ORS 822.005 requires a vehicle dealer certificate, unless exempt under ORS 822.015, for any person who:

- (a) Buys, sells, brokers, trades or exchanges vehicles either outright or by means of any conditional sale, bailment, lease, security interest, consignment or otherwise; OR
- (b) Displays a new or used vehicle, trailer or semitrailer for sale; OR
- (c) Acts as any type of agent for the owner of a vehicle to sell the vehicle or acts as any type of agent for a person interested in buying a vehicle to buy a vehicle.

THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL. Your approval below should be based upon whether the applicant can do **ANY** of the activities listed in (a) through (c) above under your ordinances, at the location of the business given on Line 2. Pursuant to ORS 822.025(6), applicant meets requirements below.

As the zoning official for the locality in which this business is located, I verify by my signature below that the location of this business as stated on this application complies with any land use ordinances and business regulatory ordinances of the city or county, as appropriate pursuant to ORS 822.025(6).

11	<input type="checkbox"/> CITY OF:	<input type="checkbox"/> COUNTY OF:	TELEPHONE NUMBER ( )
12	PRINT NAME		TITLE
13	SIGNATURE X		DATE

☐ Check box if restrictions on the location approval are in an attached letter from the zoning authority.

Place stamp or seal here