



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1805 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE

AS A DEALER OR REBUILDER OF VEHICLES

CUSTOMER NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DEALER NUMBER	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL
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If this is a renewal, do not complete the fee information. Use the attached billing list to calculate your fees. The billing list MUST be submitted with your renewal application.

Original Certificate (Includes one plate)..... \$ **1,188.00**
Additional Locations @ \$350.00 \$ **0.00**
(Supplemental Application Form 735-372 required for each location)
Additional plates 12" x 6" or 7" x 4" @ \$55.00... \$ **0.00**
(Two sizes, standard and small, available)
TOTAL = \$ 1,188.00

OFFICE USE	CERTIFICATE FEE
	LATE FEE
	SUPPLEMENTALS
	RENEWAL PLATES
	ADDITIONAL PLATES
	TOTAL \$
TEMPORARY PLATES	

BUSINESS NAME AND ADDRESS *Any alteration of Line 3 voids location approval.*

1 LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) <i>Sunnyview Auto Sales LLC</i>	FEDERAL ID NUMBER (FEIN)	OREGON REGISTRY # (IF LLC OR CORPORATION) <i>2270956-92</i>
2 BUSINESS NAME (IF ASSUMED BUSINESS NAME, FILL IN REGISTRY NO.)	OREGON REGISTRY NO.	BUSINESS TELEPHONE <i>503-562-0712</i>
3 MAIN BUSINESS LOCATION (STREET AND NUMBER) <i>2005 Lana Avenue</i>	CITY <i>Salem</i>	ZIP CODE <i>97301</i>
4 MAILING ADDRESS	CITY	STATE ZIP CODE EMAIL <i>Marion</i>

TYPE OF OPERATION

5 CHECK ORGANIZATION TYPE: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation:	If corporation, list the state under which business is incorporated:
6 I / we primarily sell: <input type="checkbox"/> New Vehicles <input checked="" type="checkbox"/> Used Vehicles	
7 I / we are a franchise dealer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," name the makes ➤	
8 I / we sell NEW RECREATIONAL VEHICLES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IF "YES," SERVICE FACILITY LOCATION (STREET AND NUMBER)	CITY ZIP CODE

LOCATION APPROVAL (If renewal, required only if dealer is changing business location)

Certification of local zoning. 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. The approval below should be based upon whether the applicant can do **ANY** of the activities listed in (a) through (c) above under applicable ordinances, at the location of the business given on Line 3. Pursuant to ORS 822.025, applicant shall meet requirements below.

As the zoning official for the jurisdiction where this business is located, I verify by my signature that the location of this business as stated on this application complies with any land use ordinances of the jurisdiction pursuant to ORS 822.025.

9 <input checked="" type="checkbox"/> CITY OF: Salem <input type="checkbox"/> COUNTY OF:	TELEPHONE NUMBER (503) 584-4676
10 PRINT NAME Quincy Miller	TITLE Planner I
11 SIGNATURE <i>Quincy Miller</i>	DATE 12/17/2024

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

▽ Place stamp or seal here ▽

PLANNING ACTION
APPROVED SUBJECT TO
DEVELOPMENT REQUIREMENTS
NOTED ON PLANS.

Date and Signature of Planner
12/17/2024 12:05:17 PM