



PUBLIC PROTECTION CABINET  
 DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION  
 LICENSING BRANCH  
 500 MERO STREET  
 FRANKFORT, KENTUCKY 40601  
 (502) 573-2002 FAX (502) 573-1598



## RECREATIONAL VEHICLE RETAILER APPLICATION

- (1). Recreational Vehicle Retailer - Licensing Fee (see Pro-Rated Chart and Payment Option Form enclosed). A separate license is required for each sales lot. This application is only valid for the address below.
- (2). Department of Revenue Sales and Use Tax Permit Number \_\_\_\_\_
- (3). Name of Dealership \_\_\_\_\_
- (4). Name of owner or partners (principal owners or corporate officers indicate percent of business owned and title):

NAME	PERCENT	TITLE	BIRTH MONTH
PRINCIPAL OWNER	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Corporation Name \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Chief Managing Officer \_\_\_\_\_

- (5). Location of established place of business, as defined in KRS 227.550

_____	_____	_____
Address	City	Zip
_____	_____	_____
Phone	Fax	E-mail
_____	_____	_____
	County	

- (6). Do you own the property occupied by the dealership? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If no, list the name and address of the landlord or lesser.

\_\_\_\_\_

- (7). Material of which display/storage lot is covered \_\_\_\_\_

- (8). Approximate size of office \_\_\_\_\_

- (9). Do you have a suitable sign with the dealership name and type of dealership? YES \_\_\_\_\_ NO \_\_\_\_\_

**INITIAL ALL THAT APPLY:**

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. **YES** \_\_\_\_ **or NO** \_\_\_\_.

If you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a recreational vehicle retailer license at this time. Please contact the Licensing Branch for further information.

Pursuant to KRS164.772, if you are in default of student loans backed by the Kentucky Higher Education Assistance Authority, you cannot receive a recreational vehicle retailer license unless specified conditions are met. Please contact the Licensing Branch for further information.

License Fee must accompany this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

