

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 DATE
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.

License Fee must accompany this application.

Signature of Applicant

Date

Title