

6. READ EACH QUESTION BELOW AND CHECK THE APPROPRIATE RESPONSE	YES	NO
A. Are you currently licensed as a Motor Vehicle Dealer or Salvage Type Dealer in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been licensed as a Motor Vehicle Dealer, or Salvage Dealer in Virginia or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any owner, partner, or officer of business ever been refused a Motor Vehicle Dealer's License, Certificate of Registration, or Salvage Dealer's License or had his/her license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has any owner, partner, or officer of business ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
E. Has any owner, partner, or officer of business ever been convicted of any fraudulent or criminal act in connection with the business of selling vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
F. Has any owner, partner, or officer of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
G. Has any owner, partner, or officer of business ever been convicted of odometer tampering or any related violation?	<input type="checkbox"/>	<input type="checkbox"/>
H. If the answer to any of the above questions is YES, explain (include names, dates and court jurisdictions).		
<div style="border-top: 1px dashed black; border-bottom: 1px dashed black; height: 100%;"></div>		
I. Is your business permitted under a Virginia Pollutant Discharge Elimination System individual or general permit issued by the State Water Control Board for the discharge of storm water associated with industrial activity? If yes, enter permit number(s): _____; _____; _____	<input type="checkbox"/>	<input type="checkbox"/>
J. If the answer to question "I" is no, is your business exempt from Virginia Pollutant Discharge Elimination System permitting requirements for the discharge of storm water associated with industrial activity?	<input type="checkbox"/>	<input type="checkbox"/>

7. CERTIFICATION **Read and certify by signing below.**

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

NAME OF BUSINESS

SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE COUNTY CITY OF _____

COUNTY OR CITY

IN THE STATE OF _____ ON THIS DATE _____

STATE

MONTH DAY YEAR