



MISSOURI DEPARTMENT OF **REVENUE**
Application for Missouri Salvage Business License

Visit <https://mydmv.mo.gov/> to renew or apply online.

Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.

Business Information

Business Name	DBA Name	Person to Contact		
Street Address (Physical Address)	City	State	Zip Code +4 _____+_____	
Missouri Secretary of State Registration Number (if applicable)	Telephone Number (____)____-_____	County		
Complete if mail to address is different than above (requires letter from postal authority).				
Business Name				
Street Address	City	State	Zip Code +4 _____+_____	

Fees

Licensure Fees	Total	Missouri Retail Sales Tax Number	Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	----------------------------------	--

Type

Application for a license to engage in the business of: (Select all that apply) See Missouri Titling Manual for definitions

Used Parts Dealer Body Shop or Rebuilder Scrap Processor

Salvage Dealer or Dismantler (In order to be tax exempt on the purchase of motor vehicles you must also be licensed as a motor vehicle dealer.)

Current and Past Salvage History

Do you conduct a salvage business at any location other than the address shown above? Yes No
If yes, provide the following details: (attach a separate sheet if necessary.)

Business Name	License Number		
Street Address	City	State	Zip Code +4 _____+_____
If you have purchased a previously registered salvage business within the past registration period, indicate the salvage business number.			
Have you ever been registered before as a Missouri salvage business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following details: (attach a separate sheet if necessary.)			
Prior Salvage Business Name	Prior License Number	City	Last Year Licensed
Has your salvage business license ever been denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and full explanation on a separate sheet.			
Are you currently a registered motor vehicle, boat, or trailer dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dealer number. D _____			

Ownership Information

Individual Partnership Corporation. (State of Incorporation): _____ Limited Partnership Limited Liability Corporation

List all owners below: (attach a separate sheet for additional owners.)

Last Name	First Name	Middle Initial	Social Security Number	Birthdate (MM/DD/YYYY)
Telephone Number (____)____-_____	Residence Address		City	State ZIP Code + 4 _____+_____
Last Name	First Name	Middle Initial	Social Security Number	Birthdate (MM/DD/YYYY)
Telephone Number (____)____-_____	Residence Address		City	State ZIP Code + 4 _____+_____
Last Name	First Name	Middle Initial	Social Security Number	Birthdate (MM/DD/YYYY)
Telephone Number (____)____-_____	Residence Address		City	State ZIP Code + 4 _____+_____
Have any of the persons or entities named herein ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, enter person's name and date of conviction(s) below. (Use a separate sheet if necessary.)				
Name	Date (MM/DD/YYYY)	Name	Date (MM/DD/YYYY)	
	___/___/_____		___/___/_____	

A signature of an owner, partner, or corporate officer required.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I do solemnly affirm that I maintain a bona fide established place of business as defined by [Section 301.221, RSMo](#), at the address shown above to conduct the business indicated. I further resolve that the statements contained herein and on any attachments hereto are true and that I have authority to sign this application. Any false or erroneous information provided will cause denial, suspension, or revocation of any salvage license that was fraudulently obtained or erroneously issued.

Signature	Title	
Printed Name	Date (MM/DD/YYYY) _ _ / _ _ / _ _ _ _	

Complete each area on the application and submit with the appropriate fees to the address listed below. All illegible, incorrect, or incomplete applications will be rejected. For more information visit our website at: [http://dor.mo.gov/forms/Missouri Titling Manual.pdf](http://dor.mo.gov/forms/Missouri_Titling_Manual.pdf)

Business Information

- The complete salvage business name and address must be shown. A post office box number without a street address will not be accepted as an actual business address.
- Complete the business name and mail to address if necessary. You must include a letter from the local postal authorities stating they cannot or will not deliver mail to the actual business location.

Fees

- Submit required fees as outlined in the Missouri Titling Manual.

License Type

- Indicate the type of license needed, see Missouri Titling Manual for definitions of license types.

Current and Past Salvage History

- Complete all areas of the current and past salvage history section.

Ownership Information

- Indicate the type of ownership of the business.
- List each owner, partner, and corporate or company officer of the business.
- You must list the Social Security Number, date of birth, and address of all owners. Telephone number is optional.
- Every owner, partner, or principal officer must obtain a "name based" criminal record from the Missouri State Highway Patrol. Visit <https://www.machs.mshp.dps.mo.gov> to obtain name based criminal records online. An owner, partner, or principal officer residing in another state must obtain a criminal record from the state of his or her residence. All required criminal records must be submitted with your dealer license application.

Signature

- The application must be signed by a business owner, partner, or principal officer.

Inspection and Certification

- An authorized law enforcement officer or designee must complete an Inspection and Certification for Missouri Salvage Business License ([Form 5747](#)). Dealers selling only emergency vehicles are exempt from this requirement. If the business is located in a first class county (Boone, Buchanan, Camden, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Greene, Jackson, Jasper, Jefferson, Platte, St. Charles, St. Francois, St. Louis, St. Louis City, and Taney), an authorized city policeman who is employed in the same city the business is located may complete the inspection. Certifications may not be completed by a sheriff or marshal. (Reference [Sections 301.550 through 301.573 RSMo](#)).

Required documents to include with application

- Criminal records for each owner, partner, or principal officer
- Current photograph of the bona fide place of business; include the building, lot, and sign. If it is a temporary sign, include a photograph of the temporary sign and the work order for the permanent sign.
- If applying as a used parts dealer, a copy of the applicant's Missouri Retail Sales Tax License must be submitted. If applying as a salvage dealer and dismantler, either a copy of the applicant's Missouri Retail Sales Tax License, or a statement signed by the owner, confirming the business sells parts on a wholesale basis only must be submitted.
- One check or money order made payable to the Missouri Department of Revenue if applied by mail.

Mail to: Motor Vehicle Bureau
Dealer Licensing Section
PO Box 43
301 West High Street, Room 370
Jefferson City, MO 65105-0043

Phone: (573) 526-3669 Opt. 7
Fax: (573) 522-4197
TTY: (800) 735-2966
E-mail: dealerlic@dor.mo.gov

Visit dor.mo.gov
for additional information.

Form 1879 (Revised 01-2023)

