



Missouri Department of Revenue
**Application for Missouri Salvage
 Business License**

| Department Use Only | | | | | |
|---------------------|------------------------------------------------------------------------------------|--|--|--|--|
| License Number | Expiration Year (YYYY) | | | | |
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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 |
| | | | | |

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|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Type | Application for a license to engage in the business of: (Select all that apply) See Missouri Titling Manual for definitions | | | |
| | <input type="checkbox"/> Used Parts Dealer <input type="checkbox"/> Body Shop or Rebuilder <input type="checkbox"/> Scrap Processor <input type="checkbox"/> 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.) | | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|--------------------|
| Current and Past Salvage History | Do you conduct a salvage business at any location other than the address shown above? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ | | | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|------------------------|
| Ownership Information | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation. (State of Incorporation): ____ ____ <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Corporation | | | |
| | List all owners below: (attach a separate sheet for additional owners.) | | | |
| | Last Name | First Name | Middle Initial | Social Security Number |
| | Telephone Number (____)____-_____ | Residence Address | City | State |
| | Birthdate (MM/DD/YYYY) | ZIP Code + 4 | | |
| | | | | |
| | Last Name | First Name | Middle Initial | Social Security Number |
| | Telephone Number (____)____-_____ | Residence Address | City | State |
| Birthdate (MM/DD/YYYY) | ZIP Code + 4 | | | |
| | | | | |
| Last Name | First Name | Middle Initial | Social Security Number | |
| Telephone Number (____)____-_____ | Residence Address | City | State | |
| Birthdate (MM/DD/YYYY) | 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) ___/___/_____ | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|--------------|
| See instructions for who must complete this section. | | | |
| I certify that I have physically inspected the above location and that the applicant's business qualifies as a bona fide used parts dealer, salvage dealer and dismantler, body shop or rebuilder, or scrap processor as defined in Sections 301.010 and 301.218 RSMo . | | | |
| Date Approved (MM/DD/YYYY) ___/___/_____ | Name and Rank | Department, Troop, and District | Badge Number |
| Date Disapproved (MM/DD/YYYY) ___/___/_____ | Name and Rank | Department, Troop, and District | Badge Number |
| Reason for Disapproval | | | |

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

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 this section. Dealers selling only emergency vehicles are exempt from this requirement. If the business is located in a first class county (Boone, Buchanan, Camden, Callaway, Cape Girardeau, Cass, Clay, Cole, Franklin, Greene, Jackson, Jasper, Jefferson, Platte, St. Charles, 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.

NOTE: The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.

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 <http://dor.mo.gov>
for additional information.

Form 1879 (Revised 08-2016)

