MISSOURI DEPARTMENT OF

Form

1879

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 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	s different than above (re	quires letter from postal	authority).	/								
Business Name												
Street Address			City			:	State	e Zip Code +4				
Licensure Fees	Total	Missouri Retail Sales Tax Number				Exempt: Yes N			No			
Application for a license to e	Body Shop or Rebu	uilder 🔲 Scrap Pro	cessor	-				sed as a	moto	r vehicle deale	r.)	
Do you conduct a salvage bu If yes, provide the following o			nown above?	🗖 Ye	s 🗖 M	١o						
Business Name				L			Licens	se Numt	ber			
Street Address			City				State	ate Zip Code +4				
If you have purchased a prev	viously registered salvag	e business within the pa	st registratior	period,	indicate	the salva	age bi	usiness	numb	er.		
Have you ever been registere	d before as a Missouri s	alvage business?	′es 🗍 No	f yes, pr	ovide the	e followin	ig deta	ails: (atta	ach a	separate sheet	t if necess	sary.)
Prior Salvage Business Name			Prior License Number Ci			City	y Last			Year Lic	ensed	
Has your salvage business license ever been denied, suspended or revoked? 🗍 Yes 📋 No If yes, give details and full explanation on a separate sheet.												
Are you currently a registered	d motor vehicle, boat, or	trailer dealer?	s 🗖 No If	yes, give	e dealer	number.	D					
Individual D Partne	ership 🗍 Corporatio	on. (State of Incorporatio	n):		🗖 Lir	nited Pa	rtnersł	hip [🗍 Li	mited Liability	Corporati	ion
List all owners below: (attach		,										
Last Name	First Nar	ne	Middle Initia		al Securi	ty Numbe	er			Birthdate (MI		
Telephone Number	Residence Address			City	_		<u> </u>	State	ZIF	<u> </u>		
Last Name	First Nar	ne	Middle Initia	I Socia	Securit	y Numbe	er	1		Birthdate (MM	1/DD/YYY	
Telephone Number Residence Address				City	City					// Code + 4 ++		
Last Name	First Nar	ne	Middle Initia	I Socia	Securit	y Numbe	er I I	I		Birthdate (MM	1/DD/YYY	(Y)
Telephone Number Residence Address		I	City			. 1	State ZIP Code + 4					
Have any of the persons or entities named herein ever been convicted of a felony? Yes 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/					,					
	//		/ /									

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 <u>Section 301.221, RSMo</u>, 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

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 <u>https://www.machs.mshp.dps.mo.gov</u> 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 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 <u>Sections 301.550 through</u> <u>301.573 RSMo</u>).

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.



Form 1879 (Revised 01-2023)

Signature