



MISSOURI DEPARTMENT OF

**REVENUE**

**Inspection and Certification for Dealer,  
Auction, or Manufacturer Business License**

License Number	License Year (YYYY)

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

Motor vehicle dealers must make a minimum of **eight** sales per year and boat, trailer, and powersport dealers must make a minimum of **six** sales per year to be eligible for renewal.

<b>Business Information</b>	Business Name		Doing Business As (DBA)	
	Contact Person		Missouri Secretary of State Registration Number (if applicable)	
	E-mail Address			
	Physical Street Address		Telephone Number ( ) -	
	City	State	ZIP Code (9-digit)	County

Complete if mail-to address is different than above (requires letter from postal authority).

Business Name			
Mailing Address	City	State	ZIP Code (9-digit)
Business Hours			
Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____			
Friday _____ to _____ Saturday _____ to _____ ( Sunday _____ to _____ Trailer, RV, and Powersport only )			

<b>Signature</b>	I do solemnly swear and affirm that this application is made to conduct business as a bona fide dealer, auction, or manufacturer as provided by <a href="#">Sections 301.573 through 301.580, RSMo.</a> , that the information set forth herein is true and accurate and that I have the authority to provide all such information and to sign this application. This shall further certify that the business shall maintain, during the entire period of registration, financial responsibility for every motor vehicle it owns, licenses, or operates on the streets and highways.	
	Signature of an owner listed above	Date (MM/DD/YYYY) ____ / ____ / _____

<b>Inspection and Certification</b>	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 place of business for manufacturing, selling, or auctioning motor vehicles, powersports, trailers, and boats.	
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date (MM/DD/YYYY) ____ / ____ / _____
	Department, Troop, or District	Name and Rank
	Reason for Disapproval	

**Mail to:** Motor Vehicle Bureau  
 Dealer Licensing Section  
 P.O. Box 43  
 301 West High, Room 370  
 Jefferson City, MO 65105-0043

**Phone:** (573) 526-3669 opt. 7  
**Fax:** (573) 522-4197  
**E-mail:** [dealerlic@dor.mo.gov](mailto:dealerlic@dor.mo.gov)

Form 5748 (Revised 12-2019)



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

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