

# USED OFF-PREMISE SALE REQUEST

## DEALER/SPONSOR INFORMATION

|                         |        |      |                |
|-------------------------|--------|------|----------------|
| Dealer/Sponsor Name:    |        |      | Dealer Number: |
| Dealer/Sponsor Address: |        |      | Phone Number:  |
| City:                   | State: | Zip: | Fax Number:    |

## APPLICABLE REQUIREMENTS

- Provide a list of all invited dealers, listing business name, contact information and address.
- Off-Premise Sales of used motor vehicles are limited to one per quarter per location.  
(1<sup>st</sup> Quarter) January – March (2<sup>nd</sup> Quarter) April – June (3<sup>rd</sup> Quarter) July – September (4<sup>th</sup> Quarter) October – December
- Provide two tickets to the event if there is an admission fee. A letter of admittance is allowed.
- The event must be held at a public venue within the geographical limits of the dealer's relevant market area.

## OFF-PREMISE LOCATION AND HOST COUNTY INFORMATION

|                         |         |                        |                                   |
|-------------------------|---------|------------------------|-----------------------------------|
| Name of Show:           |         | Name of Facility/Site: |                                   |
| Street Address of Show: |         |                        |                                   |
| City:                   | County: | Zip:                   | Number of Dealers in Host County: |

## OFF-PREMISE SALE DATE INFORMATION \*SALE CANNOT EXCEED SEVEN (7) DAYS

|                     |                           |
|---------------------|---------------------------|
| OPS Starting Date:* | OPS Ending Date:*         |
| OPS Contact Person: | OPS Contact Phone Number: |

TYPE OF SALE: WHAT TYPE OF VEHICLES WILL BE ON DISPLAY AND OFFERED FOR SALE AT YOUR EVENT? (PLEASE CHECK ALL THAT APPLY)

*ATV*  *Cycle*  *UTV*  *Scooter*  *Go-Kart*  *LSV*  *Auto/ Truck*  *RV*  *CT*  *BUS*  *ALL*

**I, the undersigned, have read and understand the above requirements and Rule 7 governing Off-Premise Sales. I hereby apply for an Off-Premise Sales Permit and agree to abide by the Arkansas Motor Vehicle Commission Act and Rules.**

|  |   |
|--|---|
| _____<br>Signature of Authorized Official    | _____<br>Title of Authorized Official         |
| _____<br>Printed Name of Authorized Official | _____<br>Printed Title of Authorized Official |

## FOR STATE APPROVING AUTHORITY USE ONLY- DO NOT WRITE BELOW THIS LINE

This application is hereby approved. A copy of this approved permit must be posted for inspection at the sale location by each participating dealer.

|   |                        |
|---|------------------------|
| _____<br>Signature of Approving Authority         | _____<br>Approval Date |
| Applicant has not had an OPS this quarter: Yes/No | _____<br>Denial Date   |



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