APPLICATION FOR OFFSITE SALE PERMIT

State Form 55938 (11-15)
Approved by State Board of Accounts, 2015

INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION
302 West Washington Street Room E-018
Indianapolis, IN 46204
Dealers@sos.in.gov
Fax: (317) 233-1915

INSTRUCTIONS:
1. *Complete in blue or black ink.*
2. *Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and email.*
3. *Payment of the twenty-five dollar ($25) fee and a completed Zoning Affidavit (State Form 55936) must be submitted to the Auto Dealer Services Division before a permit may be issued.*
4. *A completed application must be received by the Auto Dealer Services Division not later than ten (10) business days or two (2) calendar weeks before the proposed offsite sale date.*

DEALER INFORMATION

Name of Dealer	Dealer Number			
Address of Established Place of Business *(number and street)*	City	State	ZIP Code	County
Telephone Number ( )	Email Address			

OFFSITE SALE INFORMATION

Address of Offsite Sale Location *(number and street)*	City	State	ZIP Code	County

Select the type of location at which the offsite sale will be held
☐ Building ☐ Tent ☐ Open Parking Area ☐ Other (*explain*):_____

Duration of Offsite Sale
From _____ to _____
(*mm/dd/yyyy*) (*mm/dd/yyyy*)

Please read each statement carefully, check "Yes" or "No," and initial after each statement.

Yes No
☐ ☐ This temporary location for the proposed offsite sale described above is within a twenty (20) mile radius of the above-named dealer's established place of business._____
Initials

Yes No
☐ ☐ I am one of the following: New manufactured house dealer, RV dealer, rental company that is a dealer conducting an offsite sale within twenty (20) miles of any of its company owned affiliates, off-road vehicle dealer, or dealer of classic, collector, or antique vehicles. _____
Initials

Yes No
☐ ☐ I have not received more than three (3) offsite sales permits in the current calendar year. _____
Initials

DEALER AFFIRMATION

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Signature of Owner, Officer, Partner, or Authorized Representative	Printed Name of Owner, Officer, Partner, or Authorized Representative	Date Signed (*mm/dd/yyyy*)