## **KANSAS**

**Department of Revenue Division of Vehicles Dealer Licensing** PO Box 2369, Topeka, KS 66601-2369 https://www.ksrevenue.gov/pdf/D16.pdf

**APPLICATION FOR** TITLE SERVICE AGENT

Dealer Licensing: 785-296-3621, opt. 6

BUSINESS INFORMATION						
Business Name:						
dba (if applicable)						
Primary Location:Street Ad						
			County		Zip	
Business Phone:			Fax:			
Email Address:	Cell Phone:					
Sales Tax Number: 004	F	FEIN:				
Select type of business (entity):						
☐ Individual or Sole Proprietorship	☐ Partnership		☐ LTD Company*			
☐ Corporation*	☐ Limited Liabi	ility Partnership*	☐ Limited Liability Company*		npany*	
Date Incorporated/Registered&	State					
* Copy and attach the Secretary	of State's registra	tion papers to this a	oplication. (Re	equired)		
	-		·			
OWNER INFORMATION						
Please provide the information below for	or each owner(s) of	the business				

NOTE: When a corporation is owned by more than 20 stockholders, such corporation may list the President, Vice-President, Secretary and Treasurer of the corporation in lieu of listing the stockholders.

## THE BELOW OWNER/CORPORATE OFFICER INFORMATION IS REQUIRED

## PLEASE PRINT OR TYPE ALL INFORMATION

<b>Complete Legal Name</b>	Residence Address	<b>Residence Phone</b>	Date of Birth	SSN	Sex

Have you ever been licensed as a vehicle title agent in Kansas?  *If yes, Year License #								
Are you engaged in the vehicle title service agent business in any other locations?  *If yes, provide city, state and license #								
Has your title service license ever been denied, suspended or revoked in Kansas or any other state?  *If yes, provide the reason								
Within the five immediately preceding ye of a felony or of any crime involving mo law of any state or of the United States in motor vehicle dealer or salesperson?	ral turpitude, or have	been adjudged guilty of a viola	ation of any	☐ Yes* ☐ No				
<b>PERSONAL PROPERTY TAX CERTIFICATION – REQUIRES SIGNATURE OF COUNTY TREASURER</b> I, the undersigned County Treasurer, certify that personal property taxes levied for the preceding year against all firm owners shown hereon have been paid in full, have been paid for the half of the preceding year, or that satisfactory evidence has been presented to this office that said owners have no taxable property for the preceding year.								
Certified at	, Kansas, this	day of,	20 b	у				
County TreasurerSignature			County, Kansa	as.				
shown herein do not own personal propert tax to any county(s) within the State of Kanant to any county(s) with	Printed Name  7 - \$25,000  a a Power of Attorney	y, appointing Kansas Division	Date  of Vehicles	your power of				
Every time you make a change; such as but not limited to; your business name, business address, entity or owner(s), you $\underline{MUST}$ notify your bond company.								
Your bond must stay in effect during your license tenure. If not, your license will be REVOKED.								
OWNER'S CERTIFICATION  By applying for a vehicle title service agent license, I grant the Titles and Registrations, Dealer Licenseing Representative, or other authorized State of Kansas authorities, access to all information concerning transactions conducted by my vehicle title service.  I certify that as; proprietor, partner, or corporate officer of the firm, I have authority to sign and submit this application; and								
that all statements contained herein are tru statements under oath.		· · · · · · · · · · · · · · · · · · ·						
Owner Signature	Printed Name		Date					
Prior to mailing, please make a copy of this application and all supporting documents for your records. Mail the completed application, all supporting documents and the \$75.00 license fee to: Kansas Division of Vehicles, Titles and Registrations/Dealer License Bureau; PO Box 2369, Topeka, KS 66601-2369. Make the \$75.00 check or money order payable to the Kansas Department of Revenue. If you have question, please call (785) 296-3621, option 6.								

D-16 (Rev. 7/18) KSA, Article 26 of Chapter 8