Vehicle Services Bureau	Application for Approval of Off-Premise Sale	Office Use Ony
P.O. Box 201431, 302 N Roberts, Helena, I	MT 59620-1431 Phone (406) 444-3661 Fax (406) 44	4-0116 • dojdealerinfo@mt.gov

Montana Code Annotated 61-4-123(4) requires this application be completed and submitted to the Vehicle Services Bureau, P.O. Box 201431, Helena, MT 59620-1431, prior to the opening date of the off-premise sale. A dealer may not conduct more than 10 off-premise sales during a calendar year.

Except for motor homes (RVs), travel trailers, quadricycles, or motorcycles licensed for off-highway use, snowmobiles, and boat/personal watercraft vehicles, an off-premise sale must be conducted within the county of the dealer's established place of business.

VSB approval of an off-premise sale must be displayed at the sale location.

Dealer Name:	Dealer Number:	
Dealer Street Address: _		
Email Address:	Phone Number:	
Indicate with an X the vehicle type(s) that you will be displaying at the off-premise sale.		
An off-premise sale may no	t exceed 10 consecutive days. Dates of off-premise sale (list exact days by date):	
Location of off-premise s	ale*:	

Street Address

City

County

*Separate authorization may be required from the local land-use planning, zoning, or business-permitting agency to ensure that the off-premise sale complies with local ordinances and regulations. In addition, separate verification may be required from the dealer's franchisor (if applicable) to ensure that the franchisor authorizes the off-premise sale location.

It is the dealer's responsibility to obtain such authorization prior to conducting the off-premise sale.

Applicant agrees to comply with the provisions of the Mont. Code Ann., and rules and regulations promulgated thereunder applicable to motor vehicle dealers, distributors and manufacturers in effect on the date of this Application.

I certify, under penalty of law (MCA 45-7-203), that the statements made and information contained on this application are true and correct to the best of my knowledge, information, and belief, and I have full authority to sign for the dealer named above.

Print Full Name of Applicant	
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Applicant's Signature

Title

*** Faxed copies of this application are acceptable. This form can be copied. ***