Texas Department *of* Motor Vehicles

MOTOR VEHICLE LEASE FACILITATOR LICENSE APPLICATION

Application for a *License as a Lease Facilitator*:
Solicits persons to become the lessee of a vehicle (the vehicle is not, and will not be, titled or registered to the lease facilitator)

LEASE: A transfer of the right to possess and use a motor vehicle for a term of more than 180 days, in return for consideration.

Lease Facilitators must submit a separate application for each business location. A lease facilitator's licensed location must be physically located within the State of Texas.

Detailed instructions are available on our website at: http://www.TxDMV.gov

Application Contact: State the name of the person TxDMV may contact if there are any questions on this application:

Name:	**Phone Number:**	**Email:**

1. **Business Name:** _____
2. **DBA/Assumed Name** **(as registered with the SOS or County):** _____
3. **Is the applicant a spouse of a person serving on active duty as a member of the armed forces of the United States AND does the applicant hold an equivalent and current license in another state?** ☐ Yes ☐ No
4. **EIN:** _____
5. **Physical Address:** _____

   City: _____ **State:** _____ **Zip:** _____
6. **Mailing Address:** _____

   ☐ Same as physical

   City: _____ **State:** _____ **Zip:** _____
7. **Business Phone Number:** _____ **Business Fax Number:** _____
8. **Business Email:** _____ **Business Website:** (optional) _____
9. **License Contact Name:** _____ **Phone:** _____ **Email:** _____

   ☐ Same as business name ☐ Same as business phone ☐ Same as business email

   ☐ Same as "Application Contact" ☐ Same as "Application Contact" ☐ Same as "Application Contact"
10. **Current GDN (P Number) and Franchise License Number (if applicable):** _____
11. **Fees:** **Lease Facilitator License: $750:** _____ **FT**

See page 6 for payment & mailing instructions

(512) 465-3000
Toll-Free (888) 368-4689

BUSINESS NAME: _____

12.	Has the Motor Vehicle Division or the Vehicle Titles and Registration Division ever licensed applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) to act in any capacity in Texas? If so, give the name(s) and license number(s) in which license(s) was/were issued and last effective year on a separate sheet. P _____ Name: _____	☐ Yes ☐ No
13.	Has any license issued by the Motor Vehicle Division, the Vehicle Titles and Registration Division, or an agency of another state to the applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been denied, revoked, or suspended? If so, explain fully on a separate sheet.	☐ Yes ☐ No
14.	Has the applicant or any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been found to have violated the Texas Occupations Code Chapter 2301 (formally Texas Motor Vehicle Commission Code) or Chapter 503 of the Transportation Code? If so, explain fully on a separate sheet.	☐ Yes ☐ No
15.	Does the applicant have an office area with desk, at least two chairs, internet access, and phone with a listed number?	☐ Yes ☐ No
16.	Does the applicant have a sign that is clearly visible to the public, permanently posted, with letters at least 6 inches high?	☐ Yes ☐ No
17.	Does the applicant have appropriate business hours posted that meet all TxDMV licensing requirements?	☐ Yes ☐ No
18.	Does the applicant have a current lease or ownership document for the property and agrees to submit documentation, if requested by TxDMV, demonstrating the applicant owns or leases the property on which the business is situated that meets all TxDMV licensing requirements, including a term of two years? *(If leasing the property, the lease cannot expire before the license.)*	☐ Yes ☐ No
19.	Does the applicant's proposed place of business comply with all applicable state and local government occupancy laws, ordinances, and deed restrictions?	☐ Yes ☐ No
20.	Has the applicant obtained all mandatory certificate(s) of occupancy or similar authority to operate a business at the proposed location?	☐ Yes ☐ No
21.	Is the applicant's proposed place of business located within a residence, apartment house, hotel, motel, or rooming house?	☐ Yes ☐ No

22. CERTIFICATION OF RESPONSIBILITY

The applicant or an authorized agent hereby certifies that statements made above and on attachments and documents submitted are true, complete, and correct. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support. Applicant has complied with all applicable state laws and municipal ordinances.

Date	Printed Name	Title

Authorized Signature

Privacy Statement

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. You may also review and correct the information collected. To make an open records request, contact (888) 368-4689 or MVD_Openrecords@TxDMV.gov.

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Toll-Free (888) 368-4689

BUSINESS NAME: _____

23. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Instruction Packet, LP024. Missing or incomplete attachments will delay application processing.

☐ **A.** **OWNERSHIP INFORMATION** – Use pages 4-5 of the application or a separate copy of Form LF601. You may duplicate page 5, as needed.

☐ **B.** **ASSUMED NAME CERTIFICATES** – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS).
Only **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with your county in which the dealership will be located.

☐ **C.** **CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP:**
Attach Certificate of Filing issued by the Texas Secretary of State for the formation of your business, showing that the entity has been approved. Please do not submit your filing documents.
Or
If your business was formed in another state, attach the Certificate of Authority issued by the Texas SOS showing that the entity has the right to conduct business in Texas.

☐ **D.** **VEHICLE LEASE CONTRACTS** – One copy of each vehicle lease contract the applicant uses. This is the lease contract in the lessor's name you will have the lessee sign. Need one for each lessor.

☐ **E.** **LEASE FACILITATOR APPLICANTS - Attach the following:**

- ☐ 1) A list including the business name(s), DBA(s), and address(es) of lessors with whom applicant conducts or intends to conduct business. (A lessor is a person who acquires title to a motor vehicle for the purpose of leasing the vehicle to another person). If none, attach a statement to that effect.
- ☐ 2) A signed copy of the lease facilitator's agreement(s) with lessor(s) disclosing its terms. Need one for each lessor.
- ☐ 3) If applicable, a disclosure of fees statement, paid to the lease facilitator by a lessor. (This is a separate document the lessee signs acknowledging the Lease Facilitator receives a fee for establishing the lease.)

☐ **F.** **FEES:**

1) Mail or fax this form, with all fees and attachments, to the appropriate address listed on page 6.
2) A credit card payment form is included on page 7.
3) If paying by credit card, you may fax the entire package (including the credit card form) to (512) 465-3599. If you choose to fax the package, do NOT also mail the package.

(512) 465-3000
Toll-Free (888) 368-4689

BUSINESS NAME: _____

OWNERSHIP INFORMATION

All applicants MUST answer these questions:

1.	Has any person listed on this form ever been convicted of a felony?	☐ Yes ☐ No
2.	Has any officer, director, partner, trustee, manager, member, or other person acting in a representative capacity for the applicant or license holder ever been convicted of a felony?	☐ Yes ☐ No
3.	For each felony conviction (regardless whether previously reported to TxDMV), give full details of the felony on a separate sheet. Include the name of the person convicted, title or relationship to the applicant, crime, date, place of conviction, sentence received, etc.	☐ Attached ☐ N/A
4.	If the felony conviction has not been previously reported to the TxDMV, attach copies of all final court judgments for those convictions.	☐ Attached ☐ N/A

*Any felony conviction is a material change that must be reported to the TxDMV by the applicant or license holder.

TYPE OF BUSINESS (check only one box):

☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership/LTD ☐ Other (Specify below)

☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership _____

SPECIFIC INSTRUCTIONS

- Complete as many information block sections as needed to show 100% total ownership. If you need more space, please reprint the next page.
- Only direct ownership of the business entity (applicant) applying for the license should be provided. If direct ownership is held by another business entity, do not list that business entity's ownership.
- In the "Name of Owner" field, list the name of each person and/or business that has an ownership interest in the business entity (applicant) applying for the license:
  - SOLE PROPRIETOR: list the legal name and SSN of the owner (for example, John Doe, Jr.)
  - GENERAL PARTNERSHIP: list the legal name and SSN of each owner (for example, John Doe Jr., Jane Doe)
  - ALL OTHERS: list the full legal name of each person (and his/her SSN) or business entity that has ownership.
  - If the applicant is a publicly traded or nonprofit corporation, please mark the appropriate box in section one. Complete section one listing one officer/director in lieu of ownership information.

OWNERSHIP INFORMATION TOTALING 100% IS REQUIRED

1.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business) _____

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

2.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business) _____

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

All persons listed must provide SSN.

(512) 465-3000
Toll-Free (888) 368-4689

BUSINESS NAME: _____

OWNERSHIP INFORMATION, continued

3.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

4.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

5.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

6.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

7.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

8.

Name of Owner (Person or Business) | Title | % of Ownership

Date of Birth | Driver's License # and State | Expiration Date | SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

All persons listed must provide SSN.

Privacy Statement

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BUSINESS NAME: _____

PAYMENT AND MAILING INSTRUCTIONS

Payment can be made by Credit Card, Personal Check, Money Order, Cashier Check, or Wire Transfer.

Payment and Mailing Information:		
METHOD OF PAYMENT	INSTRUCTIONS	FORWARD TO:
Credit Card Amount must be between $5 and $2000 (A fee of $1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents or fax form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755 Fax: (512) 465-3599
Check or Money Order (A fee of $30 will be charged for returned checks)	Pay to: Texas Department of Motor Vehicles Mail check/money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044
Wire Transfer	Call or email to let us know to expect the wire. Fax or email your documents the same day you send the transfer. Call: (512) 465-7327 Fax: (512) 465-3599 Email: MVD_Licensing_Inquiries@TxDMV.gov	Financial Institution: Comptroller, Austin, TX Routing Number: 114900164 Account Name: Comptroller of Public Accounts, Treasury Operations Account No. to Credit: 463600001 Reference: (i.e. - Remitter's name) Attention: 608-Texas Department of Motor Vehicles, Motor Vehicle Division Chema Sanchez or Keith Parker

Documents Only - No Payment Being Forwarded		
Item being submitted	INSTRUCTIONS	FORWARD TO:
Documents for the Motor Vehicle Division	Mail or fax documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755 Fax: (512) 465-3599
Request for an Open Record or Subpoena	Fax signed request	Administration (512) 465-3666 Consumer Affairs (512) 374-5499 Enforcement (512) 374-5496

Overnight mail to a post office box can only be delivered by the United States Postal Service.

BUSINESS NAME: _____

Form 2293: PAYMENT BY CREDIT CARD

This form is for credit card payment information only.
This form does not constitute a request for services.

TO: MOTOR VEHICLE DIVISION	*Check appropriate box:*
ATTENTION: _____	☐ Civil Penalty ☐ Open Records
DATE: _____	☐ Lemon Law Fee ☐ Protest fee
MVD FAX #: (512) 465-3599	☐ Licensing Fee ☐ Subpoena
	☐ Insufficient Funds Fee

Comment: _____

Applicant Name: _____

Assumed Name: _____

Name on Credit Card: _____

Billing Street,
City, State, Zip: _____

Phone: _____

Fax: _____

Docket No. (if applicable) _____

License No. (if applicable) _____

Invoice Number: _____

MVD USE ONLY
ENTRY RECORD

Date _____

AC# _____

Amount _____

Agent _____

Credit Card Information:

Credit Card Type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date (month/year) ☐☐ / ☐☐

$ _____ _____
Amount Approved (Add $1 Fee) Signature

AMOUNT MUST BE BETWEEN $5 and $2000

(512) 465-3000
Toll-Free (888) 368-4689