

## Purpose of Form & Instructions

Pursuant to §40-2-39 of the O.C.G.A., any franchise (new) motor vehicle dealer selling vehicles at a temporary site, such as a tent sale, in Georgia must apply for a permit from the Georgia Department of Revenue at least sixty-days (60) prior to date of the event.

Applicants will be approved in accordance with the following statutory requirements:

1. The business must be registered and in good standing with the Georgia Department of Revenue as a franchise (new) motor vehicle dealer.
2. The temporary site must be located in the county where the business has established its permanent dealership or in an adjoining county.
3. The temporary site may not be used for a period exceeding ninety-six (96) hours in any thirty-day (30) period of time.
4. The temporary site may not be used more than three-times (3) in any calendar year as a Franchise (new) motor vehicle dealer temporary site.
5. Have a written agreement with the property owner of the sale location for the dates of sale.
6. List all participants no matter what role they play on the application.

### **Filing Fee: \$100 – Pay with check or money order payable to the Georgia Department of Revenue**

During the temporary sale, the Temporary Site Permit issued by the Georgia Department of Revenue must be displayed in a prominent location on the site.

The Temporary Site Permit is valid only for dates and hours of the sale indicated in the application.

A franchise (new) motor vehicle dealer may request and be approved for a maximum of three (3) Temporary Site Permits within a calendar year.

A Temporary Site Permit is not transferable to any other dealer or location.

Mail or deliver the completed application with the required documentation and applicable filing fee to:

ATTN: Dealer Temporary Site Permit  
GA Department of Revenue/Motor Vehicle Division  
P O Box 740381  
ATLANTA, GA 30374-0381

Applications may be submitted in person during business hours, 8:00 a.m. to 4:30 p.m. Monday through Friday, excluding state holidays.

<b>For Departmental Use Only</b>	
<b>Filing Fee: \$100</b>	
Date Received: _____	
Approved <input type="checkbox"/>	
Denied <input type="checkbox"/>	
Returned <input type="checkbox"/>	
If returned, indicate date and reason: _____	
_____	
Approved by: _____ Date: _____	

Application Date:		
Business Name :		
<b><u>Location of Dealership Responsible for Sale:</u></b>		
Street Address:		
City:	State:	ZIP Code:
County Name:		MVD Assigned Dealer ID#:
<b><u>Location of Temporary Site:</u></b>		
Street Address:		
City:	State:	ZIP Code:
County Name:		
<b>Temporary Site Information:</b>		
Indicate the date(s) and hours of the temporary site sale:		
<b>Note:</b> Must be submitted at least sixty-days (60) <u>prior</u> to the date of the proposal temporary sale.		
Indicate the number of temporary site sales previously conducted by this business during the current calendar year:		
1.		
2.		
3.		

**Attach additional sheets if necessary**

**Required Documentation**

The following items must be submitted with this application. **Failure to submit the following documentation will result in the return of the application to the submitter.**

1. Written documentation demonstrating compliance with any licensing requirements applicable in the local jurisdiction in which the temporary site sale will occur.
2. Copy of a written agreement with the owner of the real property where the sale is to occur.

**Sponsors, promoters, other franchised dealers, and lending institutions present or involved in or to be represented in any manner whatsoever at the temporary site sale:**

Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		
Business Name :		
Street Address:		
City:	State:	ZIP Code:
Name of Contact Person:		

