

ZONING COMPLIANCE CERTIFICATION

Purpose: Use this form to certify that proper zoning is in effect for your business location and the dealer license for which you are applying. Section 46.2-1510 of the Code of states in part, "No license shall be issued to any motor vehicle dealer unless he has an established place of business, owned or leased by him where a substantial portion of the sales activity of the business is routinely conducted and which: (1) Satisfies all local zoning regulations."

Instructions: Applicants complete the business information section and check each dealer license type for which your are applying. Request the Zoning Official to complete and sign the zoning compliance certification. The zoning certification must be completed and signed within the 30 days before dealership opening. Submit this form to MVDB.

BUSINESS INFORMATION				
Full Name Last	First	Middle	Suffix (Jr., Sr., I)	
Business Name	Trad	e As Name		
Business Street Address	City	or County	Zip C	ode
Primary Contact Telephone Number	Date	Date of Application (mm/dd/yyyy)		
Dealer License Type	and Zoning Co	mpliance (check	all that apply)	
Instructions for Zoning Officials: The section be has complied with all zoning requirements from the and display of all applicable dealer license types ch	City or County in which			
Automobile/Truck	Zoi	ning Official Sign	ature	
Motorcycle	Zo	ning Official Sign	ature	
Recreational Vehicle	Zo	ning Official Sign	ature	
Trailer	Zoi	Zoning Official Signature		
Special Conditions/Comments (To be completed	d by Zoning Official if applic	able)		
Ž	Zoning Official C	ertification		
I certify that the above named business is in cor applicant is applying (checked above and signed		ning ordinance of th	is locality for each use for whi	ich the
Zoning Official Name (print)	Zo	Zoning Official Name (title)		
Zoning Official Name (signature)			Date (mm/dd/yyyy)	