



*Department of  
the Secretary of State  
Bureau of Motor Vehicles*

## Application for Dealer Sales Promotion

Please use a separate application for each promotion license location and type.

A completed Zoning Use Form (MVD-396) is required by the Municipal Officer where the Sales Promotion is taking place.

<b>ATTENDED SALES PROMOTION</b>
<input type="checkbox"/> FEE: <b>\$50</b> (valid 1 to 7 days) <input type="checkbox"/> FEE: <b>\$100</b> (valid 8 to 60 days) <input type="checkbox"/> FEE: <b>\$150</b> (valid 61 to 90 days) <input type="checkbox"/> CHARTIABLE EVENT: <b>NO FEE</b> Number of days: _____

<b>UNATTENDED SALES PROMOTION</b>
<input type="checkbox"/> FEE: <b>\$50</b> (valid 1 to 7 days) <input type="checkbox"/> FEE: <b>\$100</b> (valid 8 to 60 days) <input type="checkbox"/> FEE: <b>\$150</b> (valid to 1 year) <input type="checkbox"/> CHARTIABLE EVENT: <b>NO FEE</b> Number of days: _____

<b>Promotion Information</b>
<b>Promotion Name:</b> _____
<b>Location (physical address):</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street</span> <span>City/Town/State</span> <span>Zip</span> </div>
<b>Promotion Start Date:</b> _____ <b>Promotion End Date:</b> _____

Legal Dealership Name: \_\_\_\_\_ Dealer License Number: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Franchise Being Held: \_\_\_\_\_

**Maine law does not allow a new vehicle dealer to locate a promotion outside that dealer's area of responsibility as defined by the dealer's franchise agreement.**

Is this promotion location within your franchise area of responsibility?  YES  NO

Signature	Printed Name	Official Title	Date
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Application may be emailed to [DealerLicensing.BMV@Maine.gov](mailto:DealerLicensing.BMV@Maine.gov), faxed to: (207) 624-9126, or mailed to Secretary of State, BMV-Dealer Licensing, SHS #29, Augusta, ME 04333. Please make check or money order payable to the Secretary of State or pay by credit or debit card by completing the form below.

Type:  Visa  MasterCard  Discover  American Express

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_