



Zoning Verification Letter



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|-----------|
| NAME |
| CL NUMBER |

OCCUPATIONAL LICENSING SECTION

PROPERTY USE VERIFICATION FOR VEHICLE DEALER'S LICENSE

Instructions: This form is to be completed (*in ink*) by an official of the agency responsible for property use in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

In connection with an application for a Vehicle Dealer's License to be submitted to the Department of Motor Vehicles by:

| | | | |
|------------------|-----------------|-------|----------|
| APPLICANT'S NAME | PRESENTLY ZONED | | |
| BUSINESS NAME | | | |
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |

I hereby certify that the property located above is (*check one of the following*):

- Approved for the operation of Vehicle Retail Sales (office, sign, and display area **mandatory**).
- Approved for the operation of a Vehicle Dealer-Wholesale Only, no retail sales (office **mandatory**).
- Approved for the operation of a Vehicle Autobroker, no retail sales (office and sign **mandatory**).
- Not approved for the operation of a vehicle dealer business.

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|-----------------------|--|
| SIGNATURE X | TITLE |
| AGENCY | CITY, COUNTY, OR CITY AND COUNTY |
| DATE | AREA CODE/TELEPHONE NUMBER () |

