



# ENTITY/OWNER STATEMENT

Wisconsin Department of Transportation  
MV2844 12/2020

**NOTE: Complete one form for EACH owner, partner, corporate officer, shareholder of a corporation, association member, Limited Liability Company - LLC member or LLC manager.**

Legal Business Name

Scottys Auto Sales 1343 LLC

Business / Your Position - Check all that apply.

- Sole Proprietor   
 Partnership   
 Corporation   
 Limited Liability Company   
 Association  
 Officer   
 Manager  
 Shareholder   
 Member

What percentage of the business, stock in the corporation, or interest in the LLC do you own?

50%

Your Full Legal Name

Scott Gene Sindic

Residence Address: Street or RFD, City, State, ZIP Code

N20W28456 Oakton Road Pewaukee, WI 53072

E-Mail Address

scottysonwest@sbcglobal.net

Area Code - Telephone Number, Residence

262-751-4042

Birth Date

06-06-1959

Driver License Number

S532-7875-9206-03

Social Security Number - Required

398-62-2459

**Provide complete answers to the following questions.**

List any other business in which you are engaged.

List any ownership interests in other dealerships.

Have you ever been licensed as a dealer in Wisconsin?

- No   
 Yes - Year Last Licensed: 2024

Have you ever been, or are you currently licensed as a dealer in another state?

- No   
 Yes - Give State and Year Last Licensed:

Has your dealer license ever been denied, suspended or revoked?

- No   
 Yes - Give State and Year:

Have you ever been convicted of a crime?

- No   
 Yes - List date, state, charge and court; continue on back if needed.

Are any criminal charges pending against you?

- No   
 Yes - List date, state, charge and court; continue on back if needed.

List any former names by which you were known.

False statements on this application are punishable by law and may result in denial, suspension or revocation of your dealer license. The undersigned states that she or he is either the owner, partner, officer, or association member of the said corporation, association, or Limited Liability Company--LLC member or LLC manager listed under "Legal Business Name."

(Applicant Signature)

(Date)



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Legal Business Name  
Scottys Auto Sales 1343LLC

Business / Your Position - Check all that apply.  
 Sole Proprietor     Partnership     Corporation     Limited Liability Company     Association  
 Officer     Manager  
 Shareholder     Member

What percentage of the business, stock in the corporation, or interest in the LLC do you own?  
50%

Your Full Legal Name  
Christine Marie Sindic

Residence Address: Street or RFD, City, State, ZIP Code  
N20W28456 Oakton Road Pewaukee, WI 53072

E-Mail Address scottysonwest@sbcglobal.net	Area Code - Telephone Number, Residence 262-751-4120	Birth Date 11/30/1969
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Driver License Number S532-1136-9930-04	Social Security Number - Required 395-60-7369
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### Provide complete answers to the following questions.

List any other business in which you are engaged.

List any ownership interests in other dealerships.

Have you ever been licensed as a dealer in Wisconsin?  
 No     Yes - Year Last Licensed: 2024

Have you ever been, or are you currently licensed as a dealer in another state?  
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(Applicant Signature)

(Date)

# MOTOR VEHICLE DEALER TWO YEAR LICENSE APPLICATION *(continued)*

Wisconsin Department of Transportation MV2186

First time dealer applicant or application for amended license because of business relocation or ownership change.

Proper local officials must sign below, BEFORE submitting this application. All applicants complete Section A.

If business is located in a township, complete both Sections A and B.

### Attention Zoning Authorities: The requirements for a retail motor vehicle dealer are as follows:

1. A permanent building, not a residence, tent, or temporary stand.
2. An office within the building.
3. A minimum 12 x 20 foot area accessible for automobile display, repair and preparation within the building.
4. A repair shop on the premise or a service agreement with a nearby repair shop.
5. An outdoor vehicle display lot for at least one vehicle adjacent to the building or all vehicles kept indoors.
6. An exterior sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.
7. A sign posted on or adjacent to the entrance door describing business hours.

### SECTION A

Legal Business Name

Business Address PO Box City State ZIP Code

1. Operation of this dealer business at the location(s) stated above is in accordance with local zoning, building code and permit requirements.

Print Name Municipality

X  
(Signature) (Official Title) (Date - m/d/yyyy)

2. Check only ONE and sign below:  A local permit or license is required and has been issued.  
 A local permit or license is not required.

Print Name Municipality

X  
(Signature) (Official Title) (Date - m/d/yyyy)

### SECTION B

Legal Business Name

Business Address PO Box City State ZIP Code

County Zoning Approval - Required only if business is located in a township.  
Operation of this dealer business at the location(s) stated above is in accordance with local zoning regulation.

Print Name County

X  
(Signature) (Official Title) (Date - m/d/yyyy)

If business address above does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.