

# MICHIGAN VEHICLE DEALER Supplemental Location Closeout Statement

(Please type or print legibly)

Dealer Number: \_\_\_\_\_

Supplemental Licensed Location: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (ZIP Code)

I, \_\_\_\_\_ as \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_, do certify that I will discontinue doing business as a  
(Name of Dealership)

Michigan Vehicle Dealer at the above supplemental location, effective \_\_\_\_\_.  
(Date)

I will surrender my supplemental license to:

The Secretary of State branch office located at \_\_\_\_\_ on \_\_\_\_\_.  
(Location) (Date)

**OR**

The Michigan Department of State Business Licensing Section on \_\_\_\_\_.  
(Date)

I certify that all the statements I have made herein are true and accurate to the best of my knowledge and understand that untrue or misleading information may be grounds for administrative action against my primary dealer license. My dealer records, including those from my Supplemental location, will be available for inspection at my primary licensed location.

Signed, **X** \_\_\_\_\_  
(Signature and Title)

Send this completed form to the Business Licensing Section:

By Email  
[Licensing@Michigan.gov](mailto:Licensing@Michigan.gov)

By Mail  
Business Licensing Section  
Lansing, Michigan 48918  
**(No street address necessary)**