

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Licensing Authority Name]

[Licensing Authority Address]

[City, State, Zip Code]

## **Subject: Appeal for Denied Motor Vehicle Dealer License**

Dear [Licensing Authority Name],

I am writing to formally appeal the decision made on [Insert Date of Denial] regarding my application for a motor vehicle dealer license, reference number [Insert Reference Number]. I was informed that my application was denied due to [Insert Reason for Denial].

I would like to present additional information and clarification regarding my application that I believe warrants reconsideration. [Insert any relevant information, explanations, or corrections regarding the reason for denial].

I am committed to operating my dealership in compliance with all state laws and regulations and believe that my experience and business plan demonstrate my capability to do so.

Thank you for considering my appeal. I look forward to the opportunity to discuss this matter further. I can be reached at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name]

[Your Title, if applicable]