



Class I, II & III Motor Vehicle Dealer Application

NUMBER OF VEHICLES

Class 1 {New}

Class 2 {Used}

Class 3 {Motor Vehicle Junk License}

to buy, sell, exchange or assemble second hand Motor Vehicles or parts thereof, in accordance with the provisions of Chapter 140, Section 58 and 59 of the Massachusetts General Laws

New

or

Renewal

Current License Number: _____

VEHICLES STORED: **INSIDE** or **OUTSIDE** (*circle one*)

LAST NAME: _____ FIRST NAME: _____

OWNERS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

BUSINESS NAME (DBA) _____

OWNERS BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____

If you are a corporation, please list the name of the corporation along with the names and residential addresses:

Corporate Name: _____

President: _____

Vice President: _____

Treasurer: _____

Secretary: _____

Is this business operated individually, as a partnership or as a corporation? _____

If not operated as a corporation, do you have a current Business Certificate from the City of Boston? _____

If not operated as a corporation, are there any other co-owner(s)? Yes No

Will your principal business be the sale of new motor vehicles? Yes No

Are you a recognized agent of a motor vehicle manufacturer? Yes No

Do you have a signed contract with the manufacturer as required by MGL C. 140 § 58 (b)? Yes No

If yes, which manufacturer are you an agent of: _____

Will your principal business be the buying and selling of secondhand motor vehicles? Yes No

Will your principal business be that of a motor vehicle junk dealer? Yes No

Have you ever had a license application for any class of motor vehicle dealer denied, suspended or revoked?

Yes No. If yes, please provide details: _____

Do you currently have or have you had any consumer protection complaints lodged against you at either the Mayors Office of Consumer Affairs or the Massachusetts Office of Consumer Affairs? If yes, please describe: _____

Do you currently have a bond in effect as required by MGL C. 140 § 58 (c)? Yes No

What is the name, address and phone number of the repair facility that you will use?

Have you included an affidavit of Proper Repair Facilities with this application? Yes No

Are you currently issued Dealer Plates by the Massachusetts Registry of Motor Vehicles? Yes No

If yes, please list the plate numbers: _____

Please give a complete description of the building and premises to be used for the purpose of operating the business: _____

Do you currently possess copies of the plot plan, use and occupancy permit, building certificate and any other permits that may be required for use of the intended location? Yes No

Signed under the pains and penalties of perjury that the above statements are true:

Date

Signature

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ (Name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person who signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents that the contents of the document are truthful and accurate to the best of (his (her) knowledge and belief.

_____(Official signature and seal of notary)

My commission expires_____

BPD OFFICAL ONLY:

Location inspection and documentation review conducted by: _____

Notes: _____

I, the undersigned, duly authorized by the concern herein mentioned, herby make application to the Police Commissioner for the City of Boston for a

Application recommended to be approved for issuance of a Class _____ License for _____ Motor Vehicles

Application recommended to be denied at this time.

_____ Date

_____ Signature

