

<u>COMMONWEALTH OF MASSACHUSETTS</u> <u>TOWN OF REHOBOTH</u>

<u>APPLICATION FOR A CLASS I OR II AUTO LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF</u>

1. Name of Applicant:		
(Sole D/R/A if different from an	Name of Applicant: (Sole Proprietor, Partnership, LLP, Corporation, LLC, etc.) D/B/A if different from applicant name:	
	meant name.	
Business address of license	e premises: Email Address:	
Business Telephone No: _	Email Address:	
2. Is the above applicant an/a	Is the above applicant an/a: Individual, association or corporation?	
If an individual (sole propr	If an individual (sole proprietor): Print full name:	
Print residential/home adda	ess.	
Business Telephone #:	Home/Cell #:	
3. If a co-partnership, state ful	l names and residential/home addresses of persons comprising it:	
	Home Address:	
Name.		
	Home Address:	
4.70		
4. If association, LLP, LLC or	a corporation, state full names and residential addresses of principles:	
	a corporation, state full names and residential addresses of principles:	
President Name:Secretary Name:	a corporation, state full names and residential addresses of principles: Home Address: Home Address:	
President Name: Secretary Name: Treasurer Name:	a corporation, state full names and residential addresses of principles: Home Address: Home Address: Home Address:	
President Name:Secretary Name:	a corporation, state full names and residential addresses of principles: Home Address: Home Address: Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name:	Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name: 5. Manager of Licensed Premi	Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name: 5. Manager of Licensed Premi	Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name: 5. Manager of Licensed Premi	Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name: 5. Manager of Licensed Preminate Name: Name: Secretary Name:	Home Address:	
President Name: Secretary Name: Treasurer Name: Other Name: 5. Manager of Licensed Premi Name: Day Phone #:	Home Address:	

7.	Give a complete description of all the premises to be used for the purpose of carrying on the business:
8.	Are you a recognized agent of a motor vehicle manufacturer? Yes No If yes, state name of manufacturer: Do you have a signed contract with manufacturer as required by MGL C.140, Section 58, Class I: Yes No - Attach copy of signed contract, if applicable.
9.	Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? Yes No If so, in what city/town
	Did you receive a license? For what year?
10	. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? Yes No
11	. Identify each individual who owns at lease 40% of the business not previously listed above:
	. Required documents which must accompany this application for new license or renewal of ense:
	For Class II Auto License a \$25,000.00 Surety Bond Name of Insurance Co:
	Workers Comp Insurance Signed Affidavit with Certificate of Liability Insurance attached (if applicable)
	\$125.00 License Fee – Checks Payable to the Town of Rehoboth
Pr Ho	gn your name in full: int Name: ome Address: ite:
**	**************************************
LIC	CENSE NUMBER GRANTED FEE \$125.00

REHOBOTH BOARD OF SELECTMEN