



**SELECT BOARD**

TOWN HALL • 525 WASHINGTON STREET • WELLESLEY, MA 02482-5992

**APPLICATION FOR LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE  
SECOND HAND MOTOR VEHICLES OR PARTS THEREOF  
CLASS I, CLASS II, or Class III AUTO DEALERS LICENSE**

Date Applied:	Date Approved:	Date Issued:
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<i>Office Use Only</i>	Fee Paid:	Tax Certification:	CORI Rec'd	Interview Date & Time:
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The undersigned hereby applies for a Class I, Class II, or Class III License in accordance with the provisions of the State Statute relating thereto: (PLEASE TYPE OR PRINT CLEARLY)

Business Address: \_\_\_\_\_

Fed. ID #: \_\_\_\_\_ Email \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

1. Please provide the Owner's Contact Information:

Name:

Phone Number:

Email Address:

Mailing address:

Fax Number:

2. Please identify the type of license you are applying for: Class I Class II Class III

3. If the business is a co-partnership, state full names and residential addresses of the persons composing it \_\_\_\_\_

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4. If the business is an association or corporation, state full names and residential addresses of the principal officers:

President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

5. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? \_\_\_\_\_  
(Yes/No)

6. If so, is your principal business the sale of new motor vehicles? \_\_\_\_\_

7. Is your principal business the buying and selling of second hand motor vehicles? \_\_\_\_\_  
(Yes/No)

8. Is your principal business that of a motor vehicle junk dealer? \_\_\_\_\_

9. Give a complete description of all the premises to be used for the purpose of carrying on the business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Provide the business Hours of Operation: \_\_\_\_\_

11. Are you a recognized agent of a motor vehicle manufacturer? \_\_\_\_\_  
(Yes/No)

If so, state name of manufacturer \_\_\_\_\_

11. Have you a signed contract as required by Section 58, Class I? \_\_\_\_\_  
(Yes/No)

12. 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? \_\_\_\_\_  
(Yes/No)

13. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts there of ever been suspended or revoked? \_\_\_\_\_  
(Yes/No)

14. For Class II applicants, have you obtained a \$25,000 bond executed by a surety company, or equivalent proof of financial responsibility, as provided in M.G.L. c.140, §58? \_\_\_\_\_  
(Yes/No)

15. Do you have a repair facility affiliated with your business? \_\_\_\_\_  
(Yes/No)

If yes, please describe:

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If no, do you have an agreement with a repair facility to handle repairs? \_\_\_\_\_  
(Yes/No)

If yes, please list the facility(s) name and address: \_\_\_\_\_

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I the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge:

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Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Forms to be included with this application:

1. CORI forms completed for the principal owners and manager
2. Current Worker's Compensation Certificate of Insurance
3. Completed Worker's Compensation Affidavit
4. For Class II Applicants: A copy of the bond or other equivalent proof of financial responsibility