

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF HANOVER

APPLICATION FOR CLASS 1, CLASS 2 OR CLASS 3 LICENSES

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a **CLASS** _____ License, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? _____

What is the Business address of the concern? _____

Map # _____ Lot # _____ (Please obtain from the Assessors Office)

2. Is the above concern an individual, co-partnership, an association or a corporation? _____

3. If an **individual**, state full name, residential address and telephone number? _____

4. If **co-partnership**, state full names, residential addresses and telephones numbers of the persons composing it.

5. If an **association, corporation, or LLC**, state full names, titles, residential addresses and telephone numbers of the principal officers.

President: _____

Secretary: _____

Treasurer: _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Yes No
(must circle one)

If so, is your principal business the sale of new motor vehicles? _____
Is your principal business the buying and selling of second hand motor vehicles? _____
Is your principal business that of a motor vehicle junk dealer? _____

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

8. State the number of cars you are requesting to be included in your license:

Interior parking spaces (____ showroom, ____ service area)

Exterior parking spaces (____) (standard 9' x 18')

Exterior parking spaces (____) (compact 9' x 15')

Customer sales/service (____)

Employee (size of parking space _____) (____)

9. Are you a recognized agent of a motor vehicle manufacturer? Yes No (must circle one)

If so, state the name of manufacturer. _____

10. Have you a signed contract as required by Section 58, Class 1? Yes No (must circle one)

11. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? Yes No
(must circle one)

If so, in what city / town and state _____

Did you receive a license? Yes No (must circle one if applicable)

For what year? _____

Is this license still in effect? _____

12. 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 (must circle one)

If so, please state reason _____

13. What will be the hours of operation? _____

14. Do you maintain or have access to repair facilities sufficient to satisfy the warranty repair obligations imposed by Massachusetts General Law Chapter 90? Please describe: _____

Date: _____

Signature of applicant
(Duly authorized to represent the concern herein mentioned)

Print Name

Daytime Tel. #: _____

Residence Address

Cell Tel. #: _____

**IMPORTANT: EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION,
AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR
APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.**

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DATE LICENSE APPROVED BY BOARD OF SELECTMEN: _____

SIGNATURES OF APPROVING AUTHORITY: _____

**NOTE: IF THE APPLICANT HAS NOT HELD A LICENSE IN THE YEAR PRIOR TO THIS APPLICATION, HE MUST FILE A DUPLICATE
OF THE APPLICATION WITH THE REGISTRAR. (See Sec. 59)**