

License # _____

Fee: \$100.00



MARLBOROUGH LICENSE BOARD

CITY HALL
140 MAIN STREET, LOWER LEVEL
MARLBOROUGH MA, 01752
TEL: 508-460-3751 FAX: 508-460-3638

2016

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

CLASS I DEALERSHIP

IMPORTANT: Every question must be answered with full information, any false statements herein may result in the rejection of your application or the subsequent revocation of your license if issued. **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)

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a CLASS I license to buy, sell, exchange or assemble second hand motor vehicles thereof, in accordance with the provisions of Chapter 140 of the MA General Laws.

1. Name of business: _____

Business Address: _____
Marlboro, MA 01752

Business email: _____

Business telephone #: _____

2. Is the above concern an:

- Association
- Co-partnership
- Corporation
- Individual

3. If an association or a corporation, state full names and residential address of all principal officers.

OFFICE	NAME	RESIDENTIAL ADDRESS
President		
Secretary		
Treasurer		

4. If an individual, state full name and residential address:

Name: _____

Residential
Address _____

5. If a co-partnership, state full names and residential address of persons composing it.

Name: _____

Residential
Address _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? YES NO

7. If so, is your principal business buying/selling NEW vehicles? YES NO

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

9. Are you a recognized agent of a motor vehicle manufacturer? YES NO

10. If YES, state name of manufacturer: _____

11. Have you signed a contract as required by Section 58, Class I? YES NO

12. Have you ever applied for a CLASS I license in another city or town, or state? YES NO

13. If YES where? _____

14. Were you approved: YES NO

15. Has your License ever been suspended or revoked: YES NO

16. If ever suspended or revoked, why?

Applicant's Signature: _____

Applicant's Residential Address: _____

Date: _____

PLEASE HAVE A COPY OF YOUR INSURANCE BOND SENT/FAXED TO THE LICENSE BOARD OFFICE, ONCE RECEIVED WE WILL MAIL YOU YOUR PERMIT.