

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 III 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 III 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 SECOND HAND/Salvage 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 ever applied for a CLASS III license in another city or town, or state? YES NO

12. If YES where? _____

13. Were you approved: YES NO

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

15. 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.