



MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679
Phone 508-634-2303 Fax 508-634-2324

CLASS I, CLASS II, CLASS III MOTOR VEHICLE DEALER APPLICATION-**NEW/TRANSFERS**

DATE: _____

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a CLASS _____ Dealer License, to buy, sell, Exchange or Assemble Secondhand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140, Section 57, 58 and 59 of the Massachusetts General Laws. (Provisions attached)

CLASS I: New and/or used vehicle dealer

CLASS II: Used vehicle dealer only

CLASS III: Salvage parts/junk

1. Business Name (legal): _____

2. Business Address: _____

3. Please check one: INDIVIDUAL CO-PARTNERSHIP ASSOCIATION CORPORATION

4. If INDIVIDUAL, State full Name: _____

Residential Address: _____

5. If CO-PARTNERSHIP, state full name: _____

Residential Address: _____

State full name: _____

Residential Address: _____

6. If an ASSOCIATION or CORPORATION, state full names and residential Addresses of the Principal Officers.

President: _____

Secretary: _____

Treasurer: _____

7. Are you engaged principally in the business of buying, selling, or exchanging motor vehicles? _____

a.) If so, is your principal business the sale of NEW motor vehicles? _____

b.) Is your principal business the buying and selling of SECONDHAND motor vehicles? _____

c.) Is your principal business that of a motor vehicle JUNK dealer? _____

8. Give a complete description of the premises to be used.

9. Are you a recognized agent of a Motor Vehicle Manufacturer? _____

a.) If so, state the name of the Manufacturer _____

10. Have you signed a contract as required by Section 58, Class I? _____

11. Have you ever applied for a license to deal in Secondhand motor vehicles or parts thereof? _____

a.) If so, where? _____

b. Did you receive a license? _____ For What year? _____

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? _____

13. Do you plan to sell by auction in addition to retail? _____

14. Business Owner's Name: _____ 15. Date of Birth _____
16. Social Security Number: _____ 17. FID# _____
18. Phone Number: _____
19. Email address (required): _____
20. Proposed Days & Hours of operation: _____

Sign your name in full: _____

TRANSFERS

I/We, the undersigned, agree to the transfer of existing license(s) to the applicant named on the face of this application.

Signature: _____ DATE: _____

PRINT NAME: _____

NAME OF BUSINESS : _____

IMPORTANT

EVERY QUESTION SHOULD 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

License is valid from the date of issue through December 31st annually.

NOTE: If the applicant has not held a license in the year prior to this application, he/she must file a duplicate of the application with the registrar (see Sec. 59)