



Town of Middleton
Memorial Hall
48 South Main Street
Middleton, Massachusetts
01949-2253
978-777-3617
www.middletonma.gov

Application for Class II Used Car Dealer's License

SECTION 1:

Name to Appear on the License: _____

Business Name (DBA if different): _____

Manager of Record: _____

Address of Premises: _____

Phone Number of Premises: _____

Mailing Address (if different): _____

Contact Email Address: _____

SECTION 2: Person (attorney if applicable) who can be contacted concerning this application):

Name: _____

Address: _____

Phone Number: _____

SECTION 3: Give a full description of the premises to be licensed, including location of all entrances and exits: (Please attach a copy of the Site Plan Approval and written decision of the Board of Appeals)

SECTION 4: Lot Capacity and Vehicle Display

Total Lot Capacity_____ (in vehicles)

How many vehicles do you wish to display for sale? _____

SECTION 5:

Applicant is an:

- Association Corporation Individual
 Partnership Non-Profit Corporation LLC

SECTION 6:

If applicant is an individual or partnership – List for individual, each partner or LLC:

Full Name: Home Address: DOB: SSN/FID:

Is individual or all partners United States citizens? Yes No

If no, specify citizenship:_____

Is individual or all partners involved at least twenty-one years old? Yes No

SECTION 7:

If applicant is a corporation, complete the following:

State of Incorporation:_____ Date of Incorporation_____

Fiscal Year Ends:_____ Date Qualified to do business in MA:_____

SECTION 8:

Will there be any construction, remodeling, redecorating, or building on the premises for this license?
() Yes () No If yes, complete the following:

Give an exact description of the construction, remodeling, redecorating or building on the premises:

What are the estimated costs:_____

What is the construction schedule:_____

State all sources of construction financing:_____

SECTION 9:

Do you own the premises? () Yes () No If yes, please respond to the question below.

() As an individual () Jointly () Other

Name of Realty Trust:_____

Name of Corporation:_____

Other:_____

(If you do not own the premises to be licensed, provide the following information about the owner).

Name:_____

Address:_____ Telephone:_____

SECTION 10:

If a lease or rental, you must provide the following information:

- 1. Copy of Lease
- 2. Beginning date of Lease: _____ End date of Lease: _____
- 3. Rent per month/year: _____

SECTION 11: OWNERSHIP INTERESTS

State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN/FID	Phone Number
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Describe all types of beneficial or financial interest each person or entity identified above will have in this license.

Person or Entity	License Name and Address	Description of Interest
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Has any person or entity named above held a license or a beneficial interest in a license issued under Chapter 149 which is not presently held? () Yes () No

(If yes, provide the following for each person or entity)

Full Name	License Name And Address	Type of of License	Date Ownership Surrendered
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Has any person or entity named above ever had a license suspended, revoked or cancelled?

Yes No

(If yes, provide the following information)

Date	License	License #	Reason why the license was suspended, revoked or cancelled
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Has any person or entity named above ever been convicted of violating any state, federal or military law?

Yes No

SECTION 12:

- A. Each individual applicant must sign.
- B. Applications by a partnership must be signed by a majority of the partners.
- C. Applications by a corporation must be signed by an officer authorized by a vote of the corporation Board of Directors.
- D. Applications by an association must be signed by a majority of the members of the governing body. All signatures must have answered Section 6.
- E. False information or failure to disclose are reasons to revoke a license or deny Class II Used Car Dealer License.

Business Name _____

Signed and subscribed to under the penalty of perjury, the ____ day of _____ 20__

By: **Signature of Full Name**

Title:

Print Name: _____

Print Title: _____

(Additional Signature Blocks if needed)

By: **Signature of Full Name**

Title:

Print Name: _____

Print Title: _____

By: **Signature of Full Name**

Title:

Print Name: _____

Print Title: _____