



## REQUIREMENTS FOR CLASS I, II, III MOTOR VEHICLES LICENSE

1. **Completed Applications.**
2. **Zoning Papers** are signed off at Health & Code, Zoning Department, 25 Meade Street. (If applying for 16 or more vehicles, you must have parking plan approval from the Planning Dept., 455 Main St. Worcester, MA)
3. **Tax Release Forms** (R.E.A.P. Form) are signed off at the Treasurer's Department, 455 Main Street.
4. **Rental Agreement** from Landlord (stating in the agreement, usage for car sales).
5. Notary of the Public must notarize **Records Book form.**
6. **Plot Plan** of Lot (Show number of cars applying for on plot plan.)
7. A Fee of **\$100.00 dollars** cash, check or money order made out to the City of Worcester when submitting completed application packet. **Incomplete application packets will not be accepted.**
8. The applicant must set up an appointment with the **License Unit** to have an officer **inspect the location (car lot and office).** License Unit 508-799-8648
9. A **\$25,000 Insurance Bond** is required for all **Class II** Used Car Dealers prior to issuance of a Class II Dealers License
10. A **business certificate** must be submitted if you are an individual doing business under a company name, or in partnership with another person doing business under a company name, you are required to file a Business Certificate with the City Clerk, 455 Main St. **You do not need a business certificate if you are a Corporation (Inc./LLC).**
11. A **sign for the business** must be present and visible to the public.

NEW/USED  
MOTOR VEHICLE DEALER  
APPLICATION

PLEASE CIRCLE

CLASS I

CLASS II

CLASS III

APPLICANT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ **MASS DRIVERS LICENSE NUMBER** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

NAME AND ADDRESS OF BUSINESS APPLYING FOR (as it appears on the license):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BUSINESS HOURS: \_\_\_\_\_

IF A CORPORATION, LIST OFFICERS AND ADDRESSES:

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

TREASURER: \_\_\_\_\_

PERSON PURCHASING VEHICLES:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ U.S. CITIZEN: \_\_\_\_\_

TAX ID# \_\_\_\_\_ DEALER PLATE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ IF "YES" EXPLAIN \_\_\_\_\_

NAME OF REPAIR SHOP USED: \_\_\_\_\_

LIST AUTO AUCTION FACILITIES USED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Worcester Police Department  
License Investigation Unit

Chapter 140 Section 62 Records Book; Contents.

Every Licensee shall keep a book on the licensed premises, in such form as shall be approved by the registrar, in which, at the time of the purchase, sale, exchange, or receipt for the purpose of legibly written in english language an account and description of seller, of the purchaser, and of the alleged owner of the person from whom such motor vehicle or parts. where purchased or received or to whom they were delivered, as the case may be. Such description, in the case of motor vehicles, shall also include the identifying number or numbers required by the registrar, and shall also include a statement that the identifying number or numbers have been removed, defaced, altered, changed, destroyed, obliterated or mutilated if such is the fact.

I \_\_\_\_\_ have read and understand  
Above Chapter 140 Section 62. In regards to record book.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notarized by a Notary

# WORCESTER POLICE DEPARTMENT

LICENSE INVESTIGATION UNIT  
9-11 LINCOLN SQUARE  
WORCESTER, MA 01608

PLEASE VERIFY THE ZONE AND OCCUPANY FOR THE FOLLOWING:

## TO BE COMPLETED BY APPLICANT:

LOCATION OF BUSINESS: \_\_\_\_\_

TYPE OF LICENSE APPLIED FOR: USED CAR DEALER

NUMBER OF VEHICLES APPLYING FOR: \_\_\_\_\_

OTHER BUSINESSES IN SAME LOCATION: YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

## TO BE COMPLETED BY INSPECTIONAL SERVICES:

ZONE \_\_\_\_\_ PERMITTED USE: YES \_\_\_\_\_ NO \_\_\_\_\_

OCCUPANCY PERMIT: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

INSPECTIONAL SERVICES SIGN OFF BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE HAVE THIS FORM SIGNED BY THE CITY OF WORCESTER  
DEPARTMENT OF INSPECTIONAL SERVICES, BUILDINGS & ZONING, 25  
MEADE ST., WORCESTER, MA (508) 799-1198.**

**IF APPLYING FOR 16 OR MORE VEHICLES, YOU MUST HAVE PARKING  
PLAN APPROVAL FROM THE PLANNING DEPT., 455 MAIN ST. ROOM # 510,  
WORCESTER, MA.**



## Reap Release Form

Licensing Department:      POLICE                      FIRE                      HEALTH/CODE  
(Please Circle one)

License Dept. contact person: \_\_\_\_\_ Ext. \_\_\_\_\_

Person applying for Licenses: \_\_\_\_\_

Home Address of Licensee: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

The City of Worcester Treasurer's Office has reviewed the subject application for fees and taxes owed to the City and as result recommended the following action:

RELEASE LICENSE                      or                      REQUEST REAP HEARING

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

CC: City Assessor