

Class I, II, III ** Dealer's License

License Expires on 12-31

New applications

License Division 508-799-8648

*Creates Plot Plan

*Letter from Property Owner * (Rental Agreement)

*Zoning paper to sign off at Zoning Dept., Health and Code Dept.
Planning Board approval need if applying for 16 or more vehicles.
(Planning Board, 44 Front St., Room # 510)

*Tax Release Form signed off at Treasurer's Office, City Hall

*Business Certificate from City Hall, (Not needed if corporation, unless DBA)

*\$25,000 Second Hand Motors Vehicle Bond (needed for class II License Only)

*Agreement with New Car Manufacturer. (needed for class I License Only)

*Notary of the Public must notarize Records book Form.

*A sign with business name on it. (Size to be determined)

*Applicant submits all above documents to License Division.

*Applicant Pays fee. \$100.00

*After all applications are submitted, the officer will go out and inspect the business.

*Permit Issued to applicant.

**If the request is not granted, Applicant advised of reason(s) and options

Renewal applications

*Applicant submits application and pays fee. \$100.00

*If business certificate has expired, applicant will submit new certificate.

*Permit Issued

NEW/USED
MOTOR VEHICLE DEALER
APPLICATION

PLEASE CIRCLE

CLASS I

CLASS II

CLASS III

APPLICANT NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ U.S. CITIZEN: _____

HOME PHONE: _____ **CELL PHONE:** _____

NAME AND ADDRESS OF BUSINESS APPLYING FOR:

NAME: _____

ADDRESS: _____ 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 ROOM 108
WORCESTER, MA 01608

PLEASE VERIFY THE ZONE AND OCCUPANCY FOR THE FOLLOWING:

TO BE COMPLETED BY APPLICANT:

LOCATION OF BUSINESS: _____

TYPE OF LICENSE APPLIED FOR: _____

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

CITY OF WORCESTER

Licensing 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: _____
Assistant Treasurer/Collector

CC: Assessor/Personal Property
File