

# THE COMMONWEALTH OF MASSACHUSETTS

## TOWN OF MARSHFIELD

### APPLICATION FOR CLASS 1, CLASS 2 OR CLASS 3 LICENSES

#### APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

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I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a **CLASS** \_\_\_\_\_ License, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? \_\_\_\_\_

What is the Business address of the concern? \_\_\_\_\_

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ (Please obtain from the Assessors Office)

2. Is the above concern an individual, co-partnership, an association or a corporation? \_\_\_\_\_

3. If an **individual**, state full name, residential address and telephone number? \_\_\_\_\_

4. If **co-partnership**, state full names, residential addresses and telephones numbers of the persons composing it.

5. If an **association, corporation, or LLC**, state full names, titles, residential addresses and telephone numbers of the principal officers.

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles?    Yes      No  
(must circle one)

If so, is your principal business the sale of new motor vehicles? \_\_\_\_\_

Is your principal business the buying and selling of second hand motor vehicles? \_\_\_\_\_

Is your principal business that of a motor vehicle junk dealer? \_\_\_\_\_

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

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8. State the number of cars you are requesting to be included in your license:

Interior parking spaces ( \_\_\_\_ showroom, \_\_\_\_ service area)

Exterior parking spaces ( \_\_\_\_ ) (standard 9' x 18')

Exterior parking spaces ( \_\_\_\_ ) (compact 9' x 15')

Customer sales/service ( \_\_\_\_ )

Employee (size of parking space \_\_\_\_\_) (\_\_\_\_ )

9. Are you a recognized agent of a motor vehicle manufacturer?      Yes      No    (must circle one)

If so, state the name of manufacturer. \_\_\_\_\_

10. Have you a signed contract as required by Section 58, Class 1?      Yes      No    (must circle one)

11. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?    Yes      No  
(must circle one)

If so, in what city / town and state \_\_\_\_\_

Did you receive a license?    Yes    No    (must circle one if applicable)

For what year? \_\_\_\_\_

Is this license still in effect? \_\_\_\_\_

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?      Yes      No    (must circle one)

If so, please state reason \_\_\_\_\_

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13. What will be the hours of operation? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant  
(Duly authorized to represent the concern herein mentioned)

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

\_\_\_\_\_  
Print Name

Daytime Tel. #: \_\_\_\_\_

\_\_\_\_\_  
Residence Address

Cell Tel. #: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: EVERY QUESTION MUST 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.**

\_\_\_\_\_  
\_\_\_\_\_  
DATE LICENSE APPROVED BY BOARD OF SELECTMEN: \_\_\_\_\_

SIGNATURES OF APPROVING AUTHORITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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)**

**INSTRUCTIONS AND DOCUMENTATION REQUIRED FOR  
APPLICATION FOR A CLASS 1, 2 OR 3 AUTOMOBILE LICENSE**

The location of the business must be identified by Map and Lot number as well as by street address. Map and Lot number can be obtained from the Hanover Assessors' Office. **(Class I requires abutter notification within 300')**

Application to be completed in duplicate, in its entirety, dated and signed. Licenses are not transferable.

Copy of Business Certificate issued by Town Clerk, if an individual or Attested copy of Articles of Organization with Amendments, if a corporation.

Federal Certification & State Tax Certificate and Workers Compensation Affidavit must both be completed, dated and signed.

Copy of Franchise Agreement with Manufacturer (when applicable).

Signed authorizations for C.O.R.I. check for ALL officers, stockholders and directors. (Please make additional copies of authorization form as needed.)

Plan or sketch, drawn to scale, showing detail of site, including interior & exterior of building, including marked & numbered parking spaces for display, service, employee, and customer parking.

**Prior** to filing your application with this office, please check with the Town Collector to ensure that no monies are owed to the Town for the site, with the Building Department to determine what inspections and/or permits, if any, are required, and the Planning Department to determine what actions, if any, are required by the Planning Board.

**(Class II only)** Bond or equivalent proof of financial responsibility in the amount of \$25,000 executed by a surety company authorized by the insurance department to transact business in the Commonwealth (M.G.L. c. 140, § 58, Supplement to M.G.L. c. 138-140E). Abutter notification not required.

**(Class III only)** Certified list of direct abutters must be obtained from the Marshfield Assessors' Office. A notice of public hearing for publication will be provided to you by the Selectmen's Office when hearing is scheduled (M.G.L. c. 140 § 59). Seven days notice must be provided to abutters prior to hearing.

A check for the sum of \$100 payable to the Town of Marshfield.

If there are changes in the name or ownership of the business, or if the business ceases to exist, contact the Selectmen's Office.