



Town of Middleton
Memorial Hall
48 South Main Street
Middleton, Massachusetts
01949-2253
978-774-3589
www.townofmiddleton.org

Commonwealth of Massachusetts
Town of Middleton, Massachusetts

Application for Class II Used Car Dealer's License

SECTION 1:

Name to Appear on the License: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____

Address of Premises: _____

Phone Number of Premises: _____

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 by the Board of Appeals)

SECTION 4:

Lot Capacity _____ (in vehicles)

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, provide the following information:

Beginning date of Lease: _____ End date of Lease: _____
(Provide a copy of the lease)

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

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

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

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 celled

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.

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

By: Signature of Full Name

Title:

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A and a self-addressed stamped envelope to this agency. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, §27A, please see the fee-waiver criteria below or visit our website at www.mass.gov/cbsh. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c. 6, §172.

Last name		First name	Middle name
Maiden name		Alias	
Date of birth (MM/DD/YY)		Social Security Number (requested but not required)	
Mailing address	Town	State	Zip code

I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

Signature of requestor	Date
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AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above-named _____, appeared before me, the undersigned authority, this _____ day of _____, 200____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public	Correctional Facility Official (give rank and title)
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My commission expires	Correctional Facility Address and Phone
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