THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF GREAT BARRINGTON

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE

SECOND HAND MOTOR VEHICLES OR PARTS THERE OF

CLASS II

In accordance with the provisions of Chapter 140 of the General Laws, Section 57, 58 & 59

Applicant Name:			
Business Name:			
Business Address:			
City, ST & Zip:			
Mailing Address:			
City, ST & Zip:			
Phone:	Ema	il:	
Circle One:			
Individual	Co-Partnership	Association	Corporation
If an individual, state ful	ll name and residential address:		
If a co-partnership, state	full names and residential addres	ss of co-partners:	

If an association or a corporation, state full names and residential addresses of principal officers:
President:
Secretary:

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?	YES	NO
If so, is your principal business the sale of new motor vehicles?	YES	NO
Is your principal business the buying and selling of second hand motor vehicles?	YES	NO
Is your principal business that of a motor vehicle junk dealer?	YES	NO

Give a complete description of the premises to be used for this business:

Treasurer: _____

Are you a recognized agent of a motor vehicle manufacturer?	YES	NO			
If so, state the name of the manufacturer:					
Have you signed a contract as required by Section 58, Class 1?	YES	NO			
Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?	YES	NO			
If so, in what City/Town:					
Did you receive a license?	YES	NO			
Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts there of ever					
been suspended or revoked?	YES	NO			

Signature

November 2017