



Mayor Terrance Murphy
City of Holyoke

License Board

Jose Correa
Anthony L. Luciano
Michael Moriarty

**APPLICATION FOR A NEW LICENSE OR RENEWAL OF A CLASS I AND II LICENSE TO
BUY SELL OR EXCHANGE MOTOR VEHICLES**

We, the undersigned, duly authorized by the businesses herein mentioned, apply for a Class _____ (indicate I or II) license to buy, sell or exchange motor vehicles in Accordance with the Provision of Section 11-9 of the Ordinances of the City of Holyoke

1. Name of the License Holder: _____

Business Name _____

Address of where the license holder conducts or wishes to conduct business:

Business phone number & email _____

Each of the following questions must be answered by the Applicant seeking the license or renewal and must be answered completely and accurately. Any false or misleading information provided by the Applicant may result in the denial of the request and may result in the revocation of the existing license holder's Class I or II license.

***Please fill out as per ownership: Individual, Corporation, LLC or Partnership**

1a. Full Name and home address of the applicant seeking the license or renewal.

***Individual:** _____

Home Address: _____

Home Phone: _____

OR

***Corporation:** Corporate Name: _____

Corporate Address: _____

Date and State of Corporation: _____

President: _____

Treasurer: _____

Clerk: _____

Registered Agent: _____

Any Changes in Corporate Officers since Last Renewal list Below

OR

***LLC:** Business Name: _____

Name of Managers: _____

Address: _____

Home Phone: _____

Registered Agent: _____

OR

***Partnership:** Name and Residential Address of all Partners and Home Phone

2. Emergency Contact Name: _____

2a Emergency Telephone Contact: _____

3. Proposed address of where the applicant is seeking to conduct business:

3a. Do you own or lease the property: ___Yes ___NO ___. If you lease the property a copy of your lease agreement must be provided.

4. Will the purchase, sale or exchange of secondhand motor vehicles be your principal business at the proposed location? ___Yes ___NO ___. If no, please describe what your principal business will be at the proposed location.

5. What, if any, license(s) have been issued to the Applicant by the City of Holyoke, Commonwealth of Massachusetts or the Federal Government, which have as their principal place of business the proposed location as indicated in paragraph three (3) above.

6. Has any license as described in paragraph five (5) above ever been suspended or revoked for any reason including, but not limited to, a lawsuit initiated by the Attorney General or Public Prosecutor or due to a violation of a state deceptive practice or fraud ___Yes ___NO ___.

If yes, describe in detail the circumstances surrounding the suspension and/or revocation:

7. Have you ever applied for a Class I, II or III in any town, city or State? ___Yes ___NO ___.

If yes, where _____

Did you receive a license? ___Yes ___NO ___.

If yes, please attach copies of all current licenses.

8. Describe in detail your access to repair facilities sufficient to enable you to Satisfy the warranty repair obligation imposed by MGL c. 90-§ 7N ¼.

9. Number of cars that you are currently licensed to have for sale at your current location

Applicant Signature

Date

Applicants Signature

Date

CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CITY OF HOLYOKE

OFFICE USE ONLY
Date Paid:
Check Number: