



Mayor Terrance Murphy
City of Holyoke

License Board

Jose Correa
Anthony L. Luciano
Michael Moriarty

APPLICATION FOR A NEW LICENSE OR RENEWAL OF A REPAIR LICENSE

We, the undersigned, duly authorized by the businesses herein mentioned, hereby apply for a _____ License (indicate Auto Repair, Auto Body and/or Towing) in Accordance with the Provision of Section 7 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 repair 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 their home phone numbers:

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: _____. 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? _____. 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 _____.

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

7. Have you ever applied for a Repair License in any town, city or State? _____

If yes, where _____

Did you receive a license? _____

If so, please attach copies of all current licenses.

When: _____

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 repair at your current location

Applicant Signature

Date

Applicants Signature

Date

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

OFFICE USE ONLY

Date Paid:

Check or Money Order Number: