



**Mayor Alex B. Morse**  
**City of Holyoke**

**License Board**  
**Timothy Grader**  
**Jose Correa**  
**Andrea Brunault-McGuiness**

**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 Towing) in Accordance with the Provision of Section 7 of the Ordinance 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 \_\_\_\_\_

**All 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.**

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

Individual: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

If a 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**

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If a LLC: Business Name: \_\_\_\_\_

Name of Mangers: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

If a partnership: Name and Residential Address of all Partners and Home Phone

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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 second hand motor vehicles be your principal business at the proposed location? \_\_\_\_\_. If no, please describe what your principal business will be at the proposed location.

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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.

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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 a 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 SHOULD BE MADE PAYABLE TO THE CITY OF HOLYOKE\***

**OFFICE USE ONLY**

Date Paid:

Check Number:

**CORI REQUEST FORM**

The Holyoke License Board has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the issuance of a Repair License, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information is correct to the best of my knowledge.

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APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE

\_\_\_\_\_  
MAIDEN NAME OF ALIAS (IF APPLICABLE)                                      PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH:                                      XXX - \_\_\_\_\_ - \_\_\_\_\_                                      MOTHER'S MAIDEN NAME

FORMER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_ft.\_\_\_\_in.                                      WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATON WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPH IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHROIZED EMPLOYEE