

# **Mayor Terence Murphy City of Holyoke**

### **License Board**

Anthony Luciano, Chair Jose Correa Michael Moriarty

#### APPLICATION FOR A NEW LICENSE OR RENEWAL OF A REPAIR LICENSE

	ne undersigned, Duly Authorized by the businesses herein mentioned hereby apply License (indicate Auto Repair, Auto Body and Towing) in		
Accord	License (indicate Auto Repair, Auto Body and Towing) in dance 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		
licens mislea	the following questions must be answered by the Applicant seeking the see or renewal and must be answered completely and accurately. Any false or ading information provided by the Applicant may result in the denial of the st and may result in the revocation of the existing license holder repair se.		
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:		

PHONE: (413) 322-5599 E-MAIL: carolanj@holyoke.org

## Any Changes in Corporate Officers since last renewal list Below

	If a LLC:	Business Name:		
		Name of Managers:		
		Address:		
		Home Phone:		
		Registered Agent:		
If a partnership: Name and Residential Address of all Partners and Home				
2.	Emergency Contact Name:			
2a	a Emergency Telephone Contact:			
3.	Proposed address of where the applicant is seeking to conduct business:			
За.		or lease the property If you lease the opy of your lease agreement must be provided.		
1.	principal bus	chase, sale or exchange of second hand motor vehicles be your siness at the proposed location? If no, please describe what all business will be at the proposed location.		
	Commonwe	license(s) have been issued to the Applicant by the City of Holyoke, alth of Massachusetts or the Federal Government, which have as all place of business the proposed location as indicated in paragraph ove.		

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, describe in detail the circumstance vocation:					
7.	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 When:					
8.	Describe in detail your access to a repair facility sufficient to enable you to satisfy the warranty repair obligation imposed by MGL c. 90-§ 7N 1/4.					
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 B	E MADE PAYABLE TO 1	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.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)					
LAST NAME	FIRST NAME	MIDDLE			
MAIDEN NAME OF AL	IAS (IF APPLICABLE) PLACE	E OF BIRTH			
DATE OF BIRTH:	XXX SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME			
SEX: HEIGI	HT:ftin. WEIGHT:	EYE COLOR:			
STATE DRIVER'S LICE	NSE NUMBER:				
	MATON WAS VERIFIED BY REVIEWIN ED PHOTOGRAPH IDENTIFICATION:				
REQUESTED BY:	IATURE OF CORI AUTHROIZED EMPLO	OYEE			