



**CITY OF SPRINGFIELD  
LICENSING DEPARTMENT  
(413) 787-6140 or (413-787-6196  
APPLICATION FOR A LICENSE TO BUY, SELL EXCHANGE  
OR ASSEMBLE MOTOR VEHICLES  
OR PARTS THEREOF  
\$225 New License -- \$200 Renewal**

**2024**

Please check the appropriate Class { Class I (new) \_\_\_\_\_  
{ Class II (used) \_\_\_\_\_  
{ Class III (junkyard) \_\_\_\_\_

**I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Class \_\_\_\_\_ license to Buy, Sell, Exchange or assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the Massachusetts General Laws.**

\_\_\_\_\_ **Renewal Request** \_\_\_\_\_ **New License Request**

- 1. What are the name, address, e-mail address, and phone number of the licensee (i.e. individual owner or corporate owner name)?**

\_\_\_\_\_

\_\_\_\_\_ **Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone #**

\_\_\_\_\_ **E-Mail Address**

- 2. What are the name, address, web page, and phone number of the business?**

\_\_\_\_\_

\_\_\_\_\_ **Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone #**

\_\_\_\_\_ **Web Site**

- 3. What are the name, address, e-mail address, and phone number of the manager?**

\_\_\_\_\_

\_\_\_\_\_

Address

Zip Code

Phone #

E-Mail Address

4. Does the applicant own the property? YES \_\_\_\_\_ NO \_\_\_\_\_

A. If "NO", please list the name and address of the property owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the business owned by:

- A. Sole Proprietor (i.e. Individual) \_\_\_\_\_
- B. Partnership (including LLP) \_\_\_\_\_
- C. Association \_\_\_\_\_
- D. Corporation \_\_\_\_\_
- E. Limited Liability Corporation \_\_\_\_\_

6. Please list the full names residential addresses, and social security numbers and/or alien registration numbers of all owners/partners shareholders, directors, and/or members.

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
S.S. No./Registration No	S.S. No./Registration No	S.S. No./Registration No.

7. The principal business operation is (circle one):

- A. The sale of new motor vehicles.
- B. The buying or selling of second hand motor vehicles.
- C. A motor vehicle junk dealer.

8. Please give a full and complete description of ALL premises to be used for the purpose of carrying on the business.

\_\_\_\_\_  
\_\_\_\_\_

A. What is the square footage of the lot? \_\_\_\_\_

B. How many buildings are on the lot? \_\_\_\_\_

C. How many cars, on average, are displayed for sale daily? \_\_\_\_\_

**Class I Applicants Only (9 & 10)**

9. Is the owner of the business a registered agent of a motor vehicle manufacturer? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", state the manufacturer: \_\_\_\_\_

10. Has the owner of the business signed a contract as required by section M.G.L. c. 140, Section 58 par b ("Class I")? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" please attach to this application a copy of such contract.

11. Has the owner of the business ever had a license to deal in motor vehicles or parts thereof suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" please detail the reasons for such suspension or revocation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the business handle ANY hazardous fluids, including but not limited to ANY oil changes? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please attach to this application a copy of the Size-Specific Generator Registration Permit from the Department of Environmental Protection.

13. Does the above business handle ANY industrial waste water, including but not limited to ANY washing of cars other than its own? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please attach to this application a copy of the Industrial Waste Water Discharge Permit from the Department of Environmental Protection.

14. Does the above business handle ANY Surface water, including but not limited to ANY crushing of cars? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please attach to this application a copy of the Surface Water Management Permit from the Department of Environmental Protection.

15. Does the above business handle ANY painting, including but not limited to ANY spray painting of cars? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please attach to this application an Air Quality Permit from the Department of Environmental Protection.

16. Does the above business utilize a waste fuel burner? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please attach to this application a copy of the Waste Fuel Burning Permit from the Department of Environmental Protection.

17. Has any person or entity named in the application ever been convicted of violating any state, federal or military law?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please state the date and nature of the offense and how case was disposed (e.g. probation, filed, house of correction, state/ federal prison)

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**TAX CERTIFICATION AFFIDAVIT**

\_\_\_\_\_  
Individual Social Security Number                      State Identification Number                      Federal Identification Number

If sole proprietor, please provide Driver License Number and DOB: \_\_\_\_\_

Company: \_\_\_\_\_

P.O. Box (if any): \_\_\_\_\_ Street Address Only: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List address(es) of all other property owned by company in Springfield: \_\_\_\_\_

*State whether the applicant is a:*

Corporation \_\_\_\_\_

Individual \_\_\_\_\_ Name of Individual: \_\_\_\_\_

Partnership \_\_\_\_\_ Names of all Partners: \_\_\_\_\_

Limited Liability Company \_\_\_\_\_ Names of all Managers: \_\_\_\_\_

Limited Liability Partnership \_\_\_\_\_ Names of Partners: \_\_\_\_\_

Limited Partnership \_\_\_\_\_ Names of all General Partners: \_\_\_\_\_

**I UNDERSTAND THAT ANY FALSE STATEMENTS CONTAINED HEREIN MAY RESULT IN THE REJECTION OF THIS APPLICATION, OR THE SUBSEQUENT REVOCATION OF MY CURRENT LICENSE.**

**FEDERAL TAX CERTIFICATION**

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to my best  
(Authorized agent) (Applicant)  
knowledge and belief, has/have complied with all **United States Federal taxes** required by law.

\_\_\_\_\_  
Applicant                      Authorized Person's Signature                      Date: \_\_\_\_\_

**CITY OF SPRINGFIELD TAX CERTIFICATION**

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to my best knowledge and  
(Applicant agent) (Applicant)  
belief, has/have complied with all **City of Springfield taxes** required by law ( or has/have entered into a Payment Agreement with the City).

\_\_\_\_\_  
Applicant                      Authorized Person's Signature                      Date: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION**

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_  
(Authorized agent) (Applicant)

to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

\_\_\_\_\_  
Applicant BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Person's Signature

**Notary Public**

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, ss. \_\_\_\_\_, 202\_\_

Then personally appeared before me [name] \_\_\_\_\_, [title] \_\_\_\_\_

of [company name] \_\_\_\_\_, being duly sworn, and made oath that he/she has read the foregoing document,

and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free

act and deed and the free act and deed of [company name] \_\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

**NOTE\*\*\*\*\*If the applicant has not held a license in the year prior to this application, applicant must file a duplicate of this application with the registrar. (See MGL 140 § 59).**

**YOU MUST FILL THIS FORM OUT COMPLETELY AND  
YOU MUST FILE THIS FORM WITH YOUR Application.**



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents Office of**  
**Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses Applicant**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_