
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 (check one):

- ☐ **The sale of new motor vehicles.**
- ☐ **The buying or selling of second-hand motor vehicles.**
- ☐ **A motor vehicle junk dealer.**
- ☐ **A motor vehicle repair shop. If so, specify type of repairs.**

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)

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 #: _____