

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? _____

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) _____

CERTIFICATION

I _____, authorized agent of _____ ("Licensee") hereby certify under the pains and penalties of perjury that:

- 1) The above information is true and correct;
- 2) The Licensee has complied with and paid all Town of Warren and Commonwealth of Massachusetts taxes required by law and the Licensee has not neglected or refused to pay any fees, assessments, betterments or any other municipal or commonwealth charges; and
- 3) the Licensee is an entity in good standing with the Secretary of the Commonwealth of Massachusetts and/or the Licensee has filed a "DBA" (Doing Business As) Certificate "(a/k/a "Business Certificate") with the Clerk of the Town of Warren.

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

_____ Authorized Signature	_____ Date
_____ PRINTED NAME	
_____ ADDRESS	
_____ ADDRESS	
_____ BUSINESS PHONE	
_____ ALTERNATE PHONE	

THE COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, MASSACHUSETTS

On this _____ day of _____, 20____ before me, the undersigned Notary Public, personally appeared the above entitled _____ of _____ proved to me thorough satisfactory evidence of identification which was _____ to be the person whose name is signed on the preceding Application.

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).

TAX CERTIFICATION AFFIDAVIT

Individual Social Security Number State Identification Number Federal Identification Number

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 Warren: _____

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: _____

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: _____

TOWN OF WARREN TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Applicant)
belief, has/have complied with all **Town of Warren 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. _____, 201__

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: _____

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