

DEALER AND SELLER'S LICENSES

REQUIRMENTS FOR CLASS I, II AND III LICENSES

1. All Applicants for a Class I, II and III license must first obtain a Special Permit from the Board of Appeals. Applicant is referred to the Building Inspector.

Class I – Copy of the Applicant's Agreement with a New Motor Vehicle Agent.

Class II – Copy of Bond in the amount of \$25,000 executed by a Surety Company, Irrevocable Letter of Credit or a Certificate of Deposit. Copy of an agreement with a recognized repair facility or affidavit that repairs be done on premises. (Number of Bays and Number of mechanics listed).

2. A completed application must be submitted in duplicate, a public hearing advertised and all abutters notified at least seven days prior to the hearing. (Direct Abutters)
3. Advertisement is done by the Selectmen's Office and paid for by the Applicant. All abutters are notified by the Applicant by Certified Mail, return receipt requested. These return receipts are to be submitted to the Selectmen's Office no later than the date preceding the hearing.
4. \$55.00 check made out to the Walpole Times for advertisement.
5. A bank/credit reference is required.
6. No application will be acted on by this Board until all permits have been approved.
7. A plan of the premises is required.
8. An Assessor's affidavit of abutters must be submitted (Direct Abutters)
9. All other statutory requirements as provided in the General Laws must be complied with.
10. Copy of Corporation Papers or Business Certificate on file with Town Clerk., Workers Compensation Affidavit filled out and proof of Worker's Compensation Insurance.
11. Written comments must be obtained from the Police and Fire Chiefs and Bldg. Insp.
12. Compliance with the Town's By-Laws, Article XV, Sec. 5. (See separate document)
13. Original application sent to Registry of Motor Vehicles.

Registry of Motor Vehicles
25 Newport Avenue Ext F1 2
Quincy, MA 02171-1748

APPLICATION FOR A CLASS I LICENSE TO BUY, SELL, EXCHANGE
NEW MOTOR VEHICLES

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a _____ license to Buy, Sell, Exchange new motor vehicles in accordance with the provisions of Chapter 140 of the General Law

Filing Fee \$200.00_____. Advertising \$55.00_____

What is the name of the concern? _____

Business address of concern. _____

Business phone # _____ Fax# _____

Email address _____ Cell # _____

Is the above concern an individual, co-partnership, an association or corporation? _____

If an individual, state full name, residential address and home phone. _____

If a co-partnership, state full names and residential address of the persons composing it.

If an association or corporation, state full names and residential addresses of the principal officers.

President _____

Secretary _____

Treasurer _____

Are you engaged principally in the business of buying, selling or exchanging motor vehicles? _____

If so, is your principal business the sale of new motor vehicles? _____

Is your principal business the buying and selling of second hand motor vehicles/ _____

Is your principal business that of a motor vehicle junk dealer? _____

What is your principal business on the site? _____

How many vehicles will be on site for sale? _____

Where will vehicles be parked? _____

What will be the hours of operation for the selling of motor vehicles? _____

If the selling of vehicles is not your principal business, what are the current hours of business currently? _____

Give a complete description of all the premises to be used for the purpose of carrying on the business.

Are you a recognized agent of a motor vehicles manufacturer? _____

If so, state name of manufacturer _____

Have you signed a contract as required by Section 58, Class 1? _____

Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? _____

If so, in what city and town, address of business. _____

Did you receive a license? _____ For what year? _____

Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? _____

If so, explain why. _____

Sign your full name _____

(duly authorized to represent concern)

Print name _____

Residence _____

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH
FULL INFORMATION, AND FALSE STATEMENTS
HEREIN MAY RESULT IN THE REJECTION OF
YOUR APPLICATION OR THE SUBSEQUENT
REVOCAION OF YOUR LICENSE IF ISSUED.

Note: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

APPLICATION FOR A CLASS II OR III LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE SECOND HAND MOTOR VEHICLES
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a _____ license to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof in accordance with the provisions of Chapter 140 of the General Law

Filing Fee \$200.00 each _____ Advertising \$55.00 _____

What is the name of the concern? _____

Business address of concern. _____

Business phone # _____ Fax# _____

Email address _____ Cell # _____

Is the above concern an individual, co-partnership, an association or corporation? _____

If an individual, state full name, residential address and home phone. _____

If a co-partnership, state full names and residential address of the persons composing it.

If an association or corporation, state full names and residential addresses of the principal officers.

President _____

Secretary _____

Treasurer _____

Are you engaged principally in the business of buying, selling or exchanging motor vehicles? _____

If so, is your principal business the sale of new motor vehicles? _____

Is your principal business the buying and selling of second hand motor vehicles/ _____

Is your principal business that of a motor vehicle junk dealer? _____

What is your principal business on the site? _____

How many vehicles will be on site for sale? _____

Where will vehicles be parked? _____

What will be the hours of operation for the selling of motor vehicles? _____

If the selling of vehicles is not your principal business, what are the current hours of business currently? _____

Give a complete description of all the premises to be used for the purpose of carrying on the business.

Are you a recognized agent of a motor vehicles manufacturer? _____

If so, state name of manufacturer _____

Have you signed a contract as required by Section 58, Class 1? _____

Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? _____

If so, in what city and town, address of business. _____

Did you receive a license? _____ For what year? _____

Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? _____

If so, explain why. _____

Sign your full name _____
(duly authorized to represent concern)

Print name _____

Residence _____

IMPORTANT

**EVERY QUESTION MUST BE ANSWERED WITH
FULL INFORMATION, AND FALSE STATEMENTS
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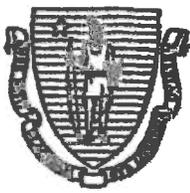
TAX AFFIDAVIT

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal
Identification Number

Signature of Individual or
Corporate Name

By: _____
Corporate Officer
(if applicable)



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

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. Restanrant/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 #: _____

TOWN OF WALPOLE

REQUEST FOR ABUTTERS LIST

TO: Board of Assessors

I hereby request an Abutters List (Director Abutters and directly across the street) for the Board of Selectmen.

Name of Applicant-_____

Address_____

Telephone_____

Property Location_____

Parcel ID of Locus_____

I understand that I am to pay a fee per abutter to the Board of Assessors for this list.

The following items are included with this package:

- Abutters Request Form
- Abutters List
- Two (2) sets of Mailing Labels



**COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION**

10 Park Plaza – Suite 5170, Boston MA 02116

(617) 973-8700 FAX (617) 973-8799

TTY/TDD (617) 973-8790

www.mass.gov/consumer

MITT ROMNEY
GOVERNOR

KERRY HEALY
LIEUTENANT GOVERNOR

BETH LINDSTROM
DIRECTOR

Dear Seller of Used Cars:

Information gleaned from a number of informal spot checks of a limited range of businesses offering used cars for sale, suggests that the display of the Notice on used cars offered for sale, required by Massachusetts General Laws, chapter 90 section 7N¼ and 201 CMR 11.00, has not been uniform. If you are a dealer that sells used cars, you need to pay close attention to the information contained in this letter.

The statute and regulation require that a yellow notice (in not smaller than 10-point type) must be displayed by being affixed to a window or dashboard of every used car being offered for sale by a dealer in the commonwealth. That Notice must state the following:

ATTENTION CONSUMERS OF USED CARS

The Massachusetts Used Car Warranty Law, M.G.L. c. 90 § 7N¼ protects consumers who have problems with their used vehicle.

UNDER THE LAW, YOU HAVE A RIGHT TO A REFUND IF:

- (a) a defect that impairs safety or use arose during the warranty period; AND
- (b) the defect continued to exist or has recurred during the warranty period after either:
 1. three or more repair attempts for the same defect, or
 2. being out of service after being returned for repair for any defect for a cumulative total of more than ten business days.

IF THE DEALER DOES NOT ISSUE A REFUND, YOU HAVE A RIGHT TO HAVE YOUR CASE DECIDED BY A STATE-CERTIFIED ARBITRATOR IF YOU APPLY WITHIN SIX MONTHS AFTER THE DELIVERY OF THE VEHICLE. FOR MORE INFORMATION, REFER TO THE USED CAR WARRANTY LAW INFORMATION PROVIDED WITH YOUR OWNERSHIP MATERIALS, OR CONTACT:

Office of Consumer Affairs and Business Regulation
Ten Park Plaza, Suite 5170
Boston, MA 02116
Used Car Warranty Law information: (617) 973-8787, 1-888-283-3757
Department of the Attorney General (617) 727-8400

It is a violation of law to omit display of this Notice, in the required manner, on all used cars offered for sale. The information in the Notice not only appries consumers of their rights, but also notifies the consumer of an arbitration program that is designed to help both you and your customers reach a prompt and fair resolution of disputes that may arise.

In this instance, the primary role of the Office of Consumer Affairs and Business Regulation is to educate both dealers and consumers regarding the applicable regulatory requirements governing sale of used cars by both Class 1 and Class 2 dealers. Those in the industry who persist in failing to display the required notices will be reported to the Attorney General's Office for investigation and prosecution.

Dealers who are not currently in compliance with Massachusetts General Laws, chapter 90 section 7N¼, and 201 CMR 11.00, must come into compliance immediately. Dealers who have no independent source for obtaining preprinted Notices, may obtain them (whether you are a member or not) from the Massachusetts Independent Automobile Dealers Association, 1408 Providence Highway, Suite 338, Norwood, MA 02062, Attention: Joann Sueltenfuss, Tel. (781) 278-0077. MIADA's e-mail address is 'mail@miada.com'. While MIADA has generously agreed to help with supplying dealers with preprinted Notices, compliance with these notice requirements is the individual dealer's responsibility.

We will continue to monitor the situation.

Sincerely,



Beth J. Lindstrom
Director