



Haverhill

License Commission, Room 118
Phone: 978-374-2354 Fax: 978-373-8490
License_comm@cityofhaverhill.com

REQUIREMENTS FOR A MOTOR VEHICLE DEALERS LICENSE

1. Form 53.
2. Motor Vehicle Dealers Certification Form.
3. Affidavit of taxes and city bills paid.
4. A Certified Plot Plan, showing total size of lot, buildings, all parking spaces, hot topped & striped for the amount of cars you wish to display.
5. Certificate of Inspection (Issued from the Building Inspectors Office.) Room 210.
6. A \$25,000 Bond to be filed with the City Clerk's Office. (you can obtain this from your Insurance Company.)
7. A Copy of the Business Certificate that was filed in the City Clerk's Office. (Room 118) (The application is in Room 210, you then bring it to the City Clerk's Office with the fee of \$40.00)
8. Applicant must return all of the above plus (3 copies) of the complete package to be placed on the next agenda.
9. If your application is approved the License will be issued the following day from the License Commission Office.

Motor Vehicle Dealers Class I	\$200.00
Motor Vehicle Dealers Class II	\$200.00
Motor Vehicle Dealers Class III	\$150.00

LICENSE COMMISSIONER

Joseph C Edwards, Chairman
Thomas Sullivan
Frederick Bevilacqua



THE COMMONWEALTH OF MASSACHUSETTS
CITY OF HAVERHILL

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE SECONDHAND MOTOR VEHICLES
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a _____
Class License, to buy, sell, exchange or assemble secondhand motor vehicles or parts thereof, in accordance with the
provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? _____

Business address of the concern? _____

2. Is the above business an individual, co-partnership, an association or a corporation? _____

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

4. If a co-partnership, state full names and residential addresses of partners.

5. If an association or a corporation, state full names of the principal officers.

President _____

Secretary _____

Treasurer _____

6. 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 or exchanging of second hand motor vehicles? _____

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

Is your principal business that of a "Repairman?" _____

Is your principal business that of a "Repossessor?" _____

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

8. Are you a recognized agent of a motor vehicle manufacturer? Yes ____ No ____

If yes, state name of manufacturer _____

9. Have you a signed contract as required by Section 58, Class I? Yes ____ No ____

10. Have you ever applied for a license to deal in secondhand motor vehicles or parts thereof? Yes ____ No ____

If yes, in what city/town _____

Did you receive a license? Yes ____ No ____ For what year? _____

11. 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? Yes ____ No ____

Please explain _____

Sign your name in full _____
(Duly authorized to represent the concern herein mentioned)

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 REVOCATION 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)

Date Approved/Denied: _____ License # _____

Remarks:

☆ Please return this application and the License Attestation form to the License Commission Office, 4 Summer St Room 118, Haverhill, MA 01830



City of Haverhill License Attestation

License Commission
Haverhill City Hall
Room 118 – 4 Summer Street
Haverhill, MA 01830
(978) 374-2312
license_comm@cityofhaverhill.com

License Year: _____

License #: _____

Licensee: Name _____

Address _____

D/B/A: _____

ID#: _____

Manager: _____

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water and waste water bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Haverhill, as required by law.

Signature of Applicant or
Corporate Name*

By: Corporate Officer
(Mandatory, if applicable)

Social Security # (voluntary) or
Federal Identification Number**

*This license *will not be issued or renewed* unless this certification clause is signed by the applicant.

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.