



TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 Fax: 508-634-2200

BOARD OF SELECTMEN

LOCAL LICENSING AUTHORITY

CLASS I LICENSE NEW/RENEWAL APPLICATION

(M.G.L. c 140, § 58)

State Statute requires a Class 2 license for a person who is engaged principally and substantially in the business of buying, selling, or exchanging motor vehicles or trailers, maintains a facility dedicated to carrying out said business, and is open to the public.

NEW LICENSE - REQUIRED DOCUMENTATION:

1. Check made payable to the Town of Hopedale \$100
2. State Application for a License to Buy, Sell,.... Motor Vehicles *Hobbs & Warren Form 53 (2) **FORM IN DUPLICATE WITH ORIGINAL SIGNATURES MUST BE SUBMITTED**
3. Town Application Form (next (5) pages)
4. Zoning Board Decision
5. Letter to Board of Selectmen explaining type of business and a Plot Plan showing building(s) sales & service, # garage bays, parking spaces for employees, parking spaces for customer, # of spaces for new vehicles, # of spaces for used vehicles, # of parking spaces for cars being repaired, emergency vehicle entrance(s) and egress(es) and customer entrances and egress
6. Lease Agreement with owner building or Letter from Seller if being purchased stating he/she is agreeing to release the license
7. Articles of Organization as filed with Massachusetts Secretary of State's office
8. Certificate of Good Standing from Massachusetts Department of Revenue <https://mtc.dor.state.ma.us/mtc/> /
9. REAP Form (Revenue Enforcement Protection Attestation Form)
10. Worker's Compensation Insurance Affidavit (if not sole owner must provide Policy Declaration Page)
11. Worker's Compensation Policy Declaration Page
12. Emergency Contact Form
13. Business Certificate obtained from Town Clerk's Office (508) 634-2203 X 215
14. Abutter List obtained from Assessor's Office (508) 634-2203 X 224 listing all direct abutters to the establishment and land owner's directly opposite the establishment
15. Public Hearing (All Fees are paid by the Applicant)
16. Proof of mailing notice to abutters via certified mail (notice must be published in a local newspaper at least 7 days prior to the public hearing) and posted with the Town Clerk's Office
17. CORI Form for each individual listed on the Articles of Organization
18. Approval from Town Departments, Board and Committees
19. Incomplete applications will not be accepted by the Selectmen's Office

RENEWAL LICENSE - REQUIRED DOCUMENTATION:

1. Renewal Application Form
2. Check made payable to the Town of Hopedale \$100
3. Articles of Organization as filed with Massachusetts Secretary of State's Office
4. Certificate of Good Standing from Massachusetts Department of Revenue <https://mtc.dor.state.ma.us/mtc/> /
5. REAP Form (Revenue Enforcement Protection Attestation Form)
6. Worker's Compensation Insurance Affidavit
7. Worker's Compensation Policy Declaration Page
8. Emergency Contact Form
9. Business Certificate obtained from Town Clerk's Office
10. Incomplete applications will not be accepted by the Selectmen's Office



TOWN OF HOPEDALE

RECEIVED BY BOARD OF
SELECTMEN'S OFFICE

DATE:

TIME

*****ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED*****

CLASS I LICENSE APPLICATION / RENEWAL (M.G.L. c.140, § 58)

TO THE HOPEDALE LOCAL LICENSING AUTHORITY AND / OR STATE LICENSING BOARD:
The undersigned hereby applies for a Class II Dealer's License per (M.G.L. c. 140, § 58) and in accordance with the provisions of the Statutes relating thereto, the bylaws of the town and provisions set by the Local Licensing Authority

PER TOWN OF HOPEDALE BYLAW

§ 270-3. Denial, revocation or suspension of license or permit.

The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the Tax Collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the Tax Collector; provided, however, that written notice is given to the party and the Tax Collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice.

NEW APPLICANT REQUIRED DOCUMENTATION

- | | |
|--|---|
| <input type="checkbox"/> Town Fee - \$100 License | <input type="checkbox"/> 2) Signed State Applications for a |
| <input type="checkbox"/> Worker's Compensation Insurance Affidavit | to Buy Sell Second Hand Motor Vehicles |
| <input type="checkbox"/> Worker's Compensation Declaration Page | *Hobbs & Warren Form 53 |
| <input type="checkbox"/> Town Application | <input type="checkbox"/> Business Certificate |
| <input type="checkbox"/> Emergency Contact Form | <input type="checkbox"/> \$25,000 Surety Bond |
| <input type="checkbox"/> Letter to Board & Plot Plan with above listed items | <input type="checkbox"/> Public Hearing Notice |
| <input type="checkbox"/> Articles of Organization-Sec. of State | <input type="checkbox"/> Sign off by Bldg., BOH, Police, Fire |
| <input type="checkbox"/> Certificate of Good Standing-MA DOR | <input type="checkbox"/> REAP Form |
| <input type="checkbox"/> Name and Address of Repair Facility | <input type="checkbox"/> CORI Form |
| <input type="checkbox"/> Zoning Board Decision | <input type="checkbox"/> Public Hearing Notice and mailings |

RENEWAL APPLICANT REQUIRED DOCUMENTATION

- | | |
|---|---|
| <input type="checkbox"/> Renewal Fee - \$100 | <input type="checkbox"/> REAP Form |
| <input type="checkbox"/> Town Application | <input type="checkbox"/> Worker's Compensation Ins. Affidavit |
| <input type="checkbox"/> Business Certificate | <input type="checkbox"/> Articles of Organization-Sec. of State |
| <input type="checkbox"/> Worker's Compensation Declaration Page | <input type="checkbox"/> Emergency Contact Form |
| <input type="checkbox"/> Certificate of Good Standing-MA DOR | <input type="checkbox"/> Business Certificate |

ALL APPLICANT'S PLEASE PRINT:

Date of Application: _____

Business Name: _____

Business Address: _____
Street Number Street Name City/Town State Zip

Bus. Owner Name: _____ **Bus. Telephone:** _____

Business Owner Home Address: _____
Street Number Street Name City/Town State Zip

Corporation Name: _____ **Telephone:** _____

Corporation Address: _____
Street Number Street Name City/Town State Zip

List the name and Address of the Garage where repair work will be done during the warranty: _____

LIST HOURS OF OPERATION

Weekdays: Start Time: _____ End Time: _____

Saturdays: Start Time: _____ End Time: _____

Sundays: Start Time: _____ End Time: _____

Are you aware of the provisions of MGL Chapter 140 § 57-59?

Will your principal business be the sale of motor vehicles? ☐ YES ☐ NO

Do you have a location ready for such a business? ☐ YES ☐ NO

Do you have experience in the business of the sale of motor vehicles? ☐ YES ☐ NO

Have you ever had a license to sell motor vehicles in this state or any other state denied? ☐ YES ☐ NO

Please explain: _____

What is your present principal business? _____

Please explain: _____

I hereby swear (affirm) under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true and that I am aware of and shall comply with the MGL and Town Bylaw statutes.

Will or are vehicles repaired on site? _____

If so, please explain; _____

If not, Name, Address and Telephone Number of Repair Facility: _____

Telephone: _____

I hereby swear (affirm) under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true and that I am aware of and shall comply with the MGL and Town Bylaw statutes.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

Land Owner's Signature (New Applicants Only) _____

Date _____

NEW APPLICATIONS ONLY

PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTOR'S PRIOR TO SUBMITTING APPLICATION TO THE BOARD OF SELECTMEN OFFICE

Bldg. Inspector: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

BOH Agent: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Fire Chief: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Police Chief: _____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Comments: _____

Board of Selectmen REVIEW DATE: _____

Board of Selectmen APPROVAL DATE: _____

Board of Selectmen Conditions of Approval: _____

