



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center
8 Central Street
Tel: 508-883-8433
Fax: 508-883-2994

CHECKLIST FOR NEW AND TRANSFER CLASS II LICENSE APPLICANTS

To obtain a *new* or *transfer an existing* Class II or Class III License, you must obtain all of the documentation indicated below. When you have completed all of the steps in the permitting process, return the application and all of the required documentation, together with an application fee of \$100.00 to the Executive Secretary.

***NO APPLICATION WILL BE DEEMED COMPLETE
UNLESS ALL OF THE REQUIRED DOCUMENTATION IS INCLUDED.***

_____ **Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles or Parts Thereof.** Fully completed and signed. Every question must be answered. Description of premises should include buildings, total area, number of parking spaces and entrances and exits.

_____ **Zoning Compliance Approval Form.** Contact the Building Department to obtain Zoning Compliance approval. Based upon this determination, approval by the Zoning Board of Appeals, Planning Board or other departments may be necessary. If a Special Permit is required, submit the application for a Special Permit to the Planning Board and/or Zoning Board of Appeals. If the Special Permit application is granted, submit a copy of your Special Permit with the 20 day appeal letter from the Town Clerk's office along with any other permits you have received.

_____ **Articles of Organization** (if a corporation) as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).

_____ **Certificate of Good Standing** (if a corporation). This can be obtained through the Office of the Secretary of State.

_____ **\$25,000 Bond.** Every Class II Dealer must present to the Local Licensing Authority in which he is licensed proof of a \$25,000 bond or acceptable alternative at the time of application for a new license. Per M.G.L. c.140, §58.

_____ **Copy of the blue prints or a hand drawn floor plan** (drawn to scale) of the proposed premises. Plan should indicate the total number of parking spaces for vehicles on display, customers and employees. Plan should show the number of available parking spaces. Plan should show all entrances and exits.

_____ **Certified Abutters List.** Issuance of a *new* Class II license requires abutter notification. The applicant must contact the **Assessors Office at 508-883-5031** to obtain the Abutters List and mailing labels. (Abutter notification is also required when a Class II licensee transfers to a new location but is **not** required when a transfer related to ownership of the license occurs and the location remains the same.

- _____ **Copy of Purchase and Sale Agreement or Lease Agreement** (if owned by another).
- _____ **Revenue Enforcement and Protection (REAP) Attestation.** Per M.G.L. c.62 §49A.
- _____ **Criminal Offender Record Form.** Per M.G.L. c.6, §172 – “CORI Request Form.”
Must present government issued photographic identification.
- _____ **Workers’ Compensation Certificate of Insurance** per M.G.L. c.152, §25A. Contact your insurance company and have them fax it to 508-883-2994.
- _____ **State Workers’ Compensation Insurance Affidavit.** Even if your establishment does not require Workers’ Compensation this must be filled out.
- _____ **Town Officials Inspection Report.** Contact the Town officials to schedule site visits and required sign-offs.
- _____ **Repair Facility Association.** Every Class II Dealer must present to the Local Licensing Authority in which he is licensed proof of an agreement with a repair facility for Warranty Obligations. Per M.G.L. c.90, §7N1/4. Supply name, address, and telephone number of facility that will do repairs.
- _____ **Business Certificate.** Per M.G.L. c.110, §5&6. Any person conducting business in the Commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, or under the true corporate name. See the Town Clerk.
- _____ **Emergency Contact Information.** To include contact name and phone number, hours of operation and whether or not the premises are alarmed.
- _____ **Tax Payment Status.** Good Standing Certification signed by Town Collector’s Office.
- _____ **Check** made payable to the **Town of Millville** for **\$100.00** must be received before any License Application will be acted on.

Dated: _____

Signature of Applicant

Return this signed checklist and all paperwork to the Executive Secretary’s Office.

Please Note: A Public Hearing with the Board of Selectmen is required for all new Class II License transactions and will be scheduled by our office upon receipt of the completed application packet and required fees. Prior to the Public Hearing other departments will review and comment on the application. You will be informed of any issues prior to the Public Hearing. All applications must be reviewed by the other Town Departments before the application will be placed on the Board of Selectmen’s agenda. You will be notified of the date of the Public Hearing once it is scheduled and the abutters are notified.



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APPLICATION FOR A LICENCE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

**EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION.
FALSE STATEMENTS MAY RESULT IN THE REJECTION OF YOUR
APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENCE
IF ISSUED. PLEASE PRINT CLEARLY.**

Note: If the applicant has not held a license in the year prior to this application, he must file a duplicate of this application with the Registrar of Motor Vehicles. (MGL c.140 §59).

Pursuant to MGL c.140 §58(c), any person submitting a **Class II** new or renewal license shall obtain a **bond**, or equivalent proof of financial responsibility, and continue in effect to the Town of Millville in the amount of **\$25,000**. This bond must be executed by a surety company authorized by the Insurance Department to conduct business in Massachusetts and be accompanied by a corresponding Power of Attorney. In lieu of the bond, the dealer may deposit collateral in the form of a certificate of deposit or irrevocable letter of credit with a face value equal to the \$25,000, in any authorized state depository designated by the commissioner.

APPLYING FOR (Check One): CLASS II License _____ CLASS III License _____

LICENSE IS (Check One): NEW _____ RENEWAL _____ TRANSFER _____

BUSINESS NAME AND LOCATION:

Applicant/General Manager Name: _____

Dealership/Business Name: _____

Dealership/Business Address: _____

Business Telephone Number: _____ Cell Phone: _____

Social Security or Federal Identification Number: _____

BUSINESS TYPE:

INDIVIDUAL (check) _____

Owner Name and residential address

PARTNERSHIP (check) _____

Partner names and residential addresses

ASSOCIATION (check) _____ -OR- CORPORATION (check) _____

Please provide names and residential addresses of the principal officers.

President:

Secretary:

Treasurer:

BUSINESS DESCRIPTION AND HISTORY:

Please give a complete description of all the premises to be used for the purpose of carrying on the new business. (Note: This application is to be accompanied by copies of a detailed site plan to include designated fire lanes, egress, etc. as well as all painted lines accurately reflecting all individual parking spaces and labeled "new," "used," "display" & "storage" vehicles, as well as "employee" and "customer" parking).

OUTSIDE LOT CONFIGURATION: Please indicate the number of:

Customer Parking Spaces: _____ Employee Parking Spaces: _____

Display Vehicles: _____ Storage Vehicles: _____ New Vehicles: _____

Repair Stalls: _____ Vehicles for Sale Requested: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does the business engage **principally** in buying, selling or exchanging motor vehicles?

Yes___ No___

If yes, is its principal business the sale of **new** motor vehicles? Yes___ No___

If yes, is this dealership a recognized agent of a motor vehicle manufacturer?

Yes___ No___

If yes, state name/address of manufacturer: _____

Does this dealership have a signed contract pursuant to MGL c.140 §58(b)?

Yes___ No___

Or, is its principal business the buying and selling of **second hand** motor vehicles?

Yes___ No___

Or, is its principal business that of a **motor vehicle junk dealer**? Yes___ No___

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

thereof? Yes___ No___

If yes, in what city/town & state? _____

Were you issued a license? Yes___ No___ If yes, for what year? _____

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

Yes___ No___

If yes, Please name the state and explain: _____

CONTACT PERSON INFORMATION:

Name: _____ Title: _____

Mailing Address: _____

Telephone: _____ Fax: _____

APPLICANT ATTACHMENTS:

_____ Certified Plot Plan	_____ Application Fee
_____ Certificate of Good Standing	_____ Board of Health approval
_____ Building Department Approval	_____ Workers Compensation
_____ Fire Department Approval	_____ REAP Attestation
_____ Bond	_____ CORI Check

I submit this on behalf of the Applicant/Dealer in accordance with all the provisions of Chapter 140 of the Massachusetts General Laws. I hereby affirm that the activities to be performed under this application will be done in accordance with the Laws of the Commonwealth of Massachusetts and the By-Laws of the Town of Millville.

Signed: _____ Date: _____

Applicant (must be a duly authorized
representative of the applicant/dealer)

Address: _____

Contact Telephone Number: _____

OFFICIAL USE ONLY

Application after investigation: _____ **APPROVED** _____ **DISAPPROVED**

Date Granted: _____ License No. _____ Fee \$100 Paid _____

Signed By
Local Licensing Authority: _____



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CLASS II LICENSE

BOND REQUIREMENTS

All Class II Car Dealers who purchase and sell second hand motor vehicles are required to be bonded.

Any person registering a Class II new license or renewal shall obtain a bond, or equivalent proof of financial responsibility, and continue in effect to:

The Town of Millville in the amount of \$25,000.

This bond must be executed by a surety company authorized by the Insurance Department to conduct business in Massachusetts and must be accompanied by a Power of Attorney executed by the individual signatory for the bond maker.

In lieu of a bond, an alternative is to deposit collateral in the form of a certificate of deposit or irrevocable letter of credit with a face value equal to the \$25,000, in any authorized state depository designated by the commissioner. In either case, the license must provide completed original documents or notarized copies. A continuous bond shall be considered as in effect until such time the Town receives notification of cancellation by the bond maker.

This legislation **must be followed** in order to obtain a Class II License from the Town of Millville.

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.

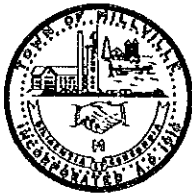
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

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

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass, G.L. c. 62C s. 49A.



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CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The **TOWN OF MILLVILLE** is registered under the provisions of M.G.L. c.6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

The **TOWN OF MILLVILLE** has authorized **HELEN M. COFFIN** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **HELEN M. COFFIN, EXECUTIVE SECRETARY OF THE TOWN OF MILLVILLE**, to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **HELEN M. COFFIN** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **HELEN M. COFFIN** to request this information.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

HELEN M. COFFIN, EXECUTIVE SECRETARY, on behalf of the **TOWN OF MILLVILLE**, may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **HELEN M. COFFIN** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number and Name City/Town State Zip

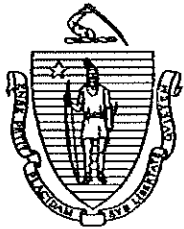
Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

Reason for CORI (position/license type)

VERIFIED BY: _____
Name of Verifying Employee (please print)

Signature of Verifying Employee



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

**FORM MUST BE FILLED
OUT COMPLETELY**

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. ☐ 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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



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TOWN OFFICIALS INSPECTION REPORT FOR CLASS II AND CLASS III LICENSES

BUSINESS NAME AND LOCATION:

Applicant/General Manager Name: _____

Dealership/Business Name: _____

Dealership/Business Address: _____

Business Telephone Number: _____ Cell Phone: _____

Number of Repair Stalls: _____ Number of Vehicles for Sale Requested: _____

1. BOARD OF HEALTH – 508-883-5041

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Department of Public Health. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

2. BUILDING INSPECTOR – 508-883-0808

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Building Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

3. CONSERVATION COMMISSION – 508-883-0250

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Wetlands Protection Act. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

4. ELECTRICAL INSPECTOR – 508-883-0250

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Electrical Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

5. FIRE DEPARTMENT – 508-883-4740

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Fire Prevention Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

6. PLUMBING/GAS INSPECTOR – 508-234-3649

I do hereby state that as of the _____ day of _____, 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Plumbing Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____



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EMERGENCY BUSINESS CONTACT FORM

The information you provide will enable the Millville Police Department or Municipal Center to contact you or a representative of your business should a problem occur. Please complete this Form as accurately as possible and return it to the Executive Secretary. Thank you.

IT IS IMPORTANT THAT YOU NOTIFY THE EXECUTIVE SECRETARY OF ANY CHANGES TO THIS INFORMATION.

TODAY'S DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

Order of persons in which to be contacted in the event of an emergency:

<u>Contact Name</u>	<u>Address</u>	<u>Phone 1</u>	<u>Phone 2</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

After normal business hours does your business have:

Alarms _____ Lights _____ Security _____ Guard Dog _____

Does your business contain any materials or have any conditions that could be hazardous to Police or Fire Department personnel who may enter? If so, please explain: _____



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TAX COLLECTOR – GOOD STANDING CERTIFICATION

Applicant Name: _____

Contact Telephone Numbers: _____

Dealership Name: _____

Dealership Address: _____

TAX PAYMENT STATUS

I, _____, of the Tax Collector's Office of the Town of
Millville, Massachusetts, do hereby certify that the owners of the above-listed
property address and dealership ____ are ____ are not current on the following
taxes and fees: _____ Real Estate Taxes _____ Personal Property

COMMENTS

Signed: _____ Date: _____
Tax Collector/Asst. Tax Collector