CLASS I, II, III MOTOR VEHICLE LICENSE

Attached please find Motor Vehicle Class I, II, II Application, Supplement Information Form that must be completed with all applications, a Certificate of Good Standing to be filed out by the Collector/Treasurer. A CORI Request Form for proposed Manager on record that must be returned with a copy of any form of government issued photo identification, a Revenue Enforcement and Protection (REAP Attestation form) and Workers' Compensation Insurance Affidavit form.

In addition, the following items are required with your application

1. Proof of Workers Compensation Insurance, (copy of Workers' Compensation policy declaration page showing the policy number and expiration date) if applicable.
2. Schematic Layout Plan of the premises showing the following:
    a. Plot Plan drawn to scale w/dimensions
    b. Show all structures on property w/dimensions, and location of doors
    c. Show location of vehicles for sale (parking spaces must be at least 8'5" X 20')
    d. Show location for employee parking
    e. Show location of handicap parking
    f. No parking will be allowed in front of doors
    g. Upon submittal of application with all support documents, Fire Department and Building Inspector will do an on-site inspection and made recommendation as needed.
3. Class I applicants must submit a letter from the manufacturer stating that dealership is an authorized agent to sell new products.
4. Class I, II, III license applicants are required to secure a $25,000.00 Bond before license is issued. Applicant must submit a letter from an insurance company stating applicant is bondable (required for each person). MUST be included with application at time of submittal.
5. If the property is leased or rented, a copy of the agreement must be submitted by the applicant or proof of ownership.
6. If change of ownership, the present license holder must surrender license and fill out a change of ownership form.

These items must be complete and submitted with your Application before consideration.

If hearing is required, applicant will be responsible for cost of ad associated with hearing.

Following the hearing, the applicant will be responsible for the cost of the license $150.00, if approved.

Should you have any questions, please feel free to contact the Town Administrator's office at 508-646-2800 Paula Ramos, Assistant to Town Administrator.

THE COMMONWEALTH OF MASSACHUSETTS

_____OF_____

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

I, the undersigned, duly authorized by the concern herein mentioned, herby apply for a _____ class 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 Laws.

1. What is the name of the concern?_____
_____

   Business address of concern. No._____St.,
_____
2. Is the above concern 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 the persons composing it.
_____
_____
_____
_____
_____
5. If an association or a corporation, state full names and residential addresses 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 of second hand motor vehicles?_____
If so, is your principal business that of a motor vehicle junk dealer?_____

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

_____

_____

_____

_____

_____

8. Are you a recognized agent of a motor vehicle manufacturer?_____
(yes or No)

If so, state name of manufacture_____

_____

9. Have you a signed contract as required by Section 58, Class 1?_____
(Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?_____
(Yes or No)

If so, in what city – town_____

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

(Yes or No)

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 of No)

_____

_____

_____

_____

_____

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

IMPORTANT
EVERY QUESTION MUST BE ANSERED 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 application 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)

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

Application after investigation _____
(Approved or Disapproved)

License No._____granted_____20___ Fee $_____

Signed _____

_____

_____

_____

CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO (EXTRACT)

SECTION 57. No person, except one who principal business is the manufacture and sale of new motor vehicles but who incidentally acquires and sells second hand vehicles, or a person whose principal business is financing the purchase of or insuring motor vehicles but who incidentally acquires and sells second hand vehicles, shall engage in the business of buying, selling, exchanging or assembling second hand motor vehicles or parts thereof without securing a license as provided in section fifty-nine. This section shall apply to any person engaged in the business of conducting auctions for the sale of motor vehicles.

SECTION 58. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacture or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacture to enter into such contract, and whose principal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of the chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person who principal business is buying or selling of second hand motor vehicles may be granted a used car dealer's license.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts, may be granted a motor vehicle junk license.

SECTION 59. The police commissioner in Boston and the licensing authority in other cities and towns may grant licenses under this section which will expire on January first following the date of issue unless sooner revoked. The fees for the license shall be fixed by the licensing board or officer, but in no case shall exceed $100 dollars. Application for license shall be made in such form as shall be approved by the registrar of motor vehicles, in section fifty-nine to sixty-six, inclusive, called the registrar, and if the applicant has not held a license in the year prior to such application, such application shall be made in duplicate, which duplicate shall be filed with the registrar. No such license shall be granted unless the licensing board or officer is satisfied from an investigation of the facts stated in the application and any other information which they may require of the applicant, that he is a proper person to engage in the business specified in section fifty-eight in the classifications for which he has applied., that said business is or will be his principal business, and that he has available a place of business suitable for the purpose. The license shall specify all the premises to be occupied by the license for the purpose of carrying on the licensed business. Permits for a change of situation of the licensed premises or for additional thereto may be granted at any time by the licensing board or officer in writing, a copy of which shall be attached to the license. Cities and towns by ordinance or by-law may regulate the situation of the premises of licensees within class 3 as defined in section fifty-eight and all licenses and permits issued hereunder to persons within said class 3 shall be subject to the provisions of ordinances and by-law which are hereby authorized to be made. No license or permit shall be issued hereunder to a person within said class 3 until after a hearing, of which seven days' notice shall have been given to the owners of the property abutting on the premises where such license or permit is proposed to be exercised. All licenses granted under this section shall be revoked by the licensing board or officer if appears, after hearing, that the license in not complying with sections fifty-seven to sixty-nine, inclusive, or the rules and regulations made hereunder, and no new license shall be granted to such persons thereafter, nor to any person for one use on the same premises, without the approval of the registrar. The hearing may be dispensed with if the registrar notifies the licensing board or officer that a license is not so complying. Any person aggrieved by any action of the licensing board or officer refusing to grant, or revoking a license for any cause may, within ten days after such action, appeal therefore to any justice of the superior court in the county in which the premises sought to be occupied under the license or permit applied for are located. The justice shall, and may affirm or reverse the decision of the board or officer and may make any appropriate decree. The decision of the justice shall be final.

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

Applicant Will Not Fill The Following Blanks

Applicant No._____

Class_____ License No._____

Name_____

St. and No._____

City – Town_____

Date Issued_____

Remarks_____

_____

_____

_____

_____

_____

_____

_____

SUPPLEMENTAL INFORMATION FORM
FOR ALICENSE TO BUY, SELL OR EXCHANGE MOTOR VEHICLES

Provide a schematic layout plan of the premises identifying the following; (sample attached)

- Location of premises
- Dimension of land parcel
- Location of existing or proposed building or structures
- Type and location of existing proposed landscaping
- Vehicle display area showing the location of spaces, and numbered
- The type and location of existing or proposed lighting
- The ground surface (asphalt, gravel, etc,) existing or proposed

Complete the following additional information:

- Number of motor vehicles being requested:_____
- Type of motor vehicles to be offered for sale:_____Cars_____Trucks _____Other (specify)_____
- Vintage of motor vehicles to be maintained on premises: 19_____20_____ Activity to be conducted on the premises:
  - _____Sales
  - _____Minor Repairs
  - _____Major Repairs
  - _____Body/Fender Repairs
  - _____Parking of Vehicles
  - _____Washing/Waxing
- Is the premises provided with any of the following utilities:

Water:	_____Yes	_____ No
Natural Gas:	_____ Yes	_____ No
Electricity:	_____ Yes	_____ No
Sewer/Septic System:	_____ Yes	_____ No
Sanitary Facility:	_____ Yes	_____ No
MDC Trap:	_____ Yes	_____ No

- Intended Hours of Operation:
  - Weekdays: _____ AM _____PM
  - Saturdays: _____AM _____PM
  - Sundays: _____AM _____PM

Notes:

(1) Dismantled or parts of vehicles stored on the premises must be screened from the public view by appropriately constructed enclosures approved by the Board of Selectmen.

(2) Failure to maintain or operate the premises in accordance with the conditions stated above could be cause for revocation of the license as a result of this application.

_____ _____

Signature of Applicant Date

SOMERSET FIRE DEPARTMENT

Re: Plan submitted for Car Dealers License

1) Plot plan drawn to scale w/dimensions
2) Show all structures on property w/dimensions, and location of doors
3) Show location of vehicles for sale (parking spaces must be at lest 8'5" X 20')
4) Show location for employee parking
5) Show location of handicap parking
6) No parking will be allowed in front of doors

Upon submittal of plan, Fire Department will do an on-site inspection and make recommendations as needed.

TAX FORM

THIS FORM MUST BE SIGNED BY THE TAX COLLECTOR AND ASSESSOR

PLEASE PRINT INFORMATION

ADDRESS OF PROPERTY_____MAP_____LOT_____

OWNER OF PROPERTY_____

NAME OF APPLICATN_____

ADDRESS OF APPLICANT_____

I CERTIFY THAT THE APPLICANT LISTED ABOVE HAS NO OUTSTANDING TAX DUE THE TOWN OF SOMERSET FOR ANY PROPERTY OWNED OR JOINTLY OWNED BY THE APPLICANT. I ALSO CERTIFY THAT THE OWNER OF THE PROPERTY LISTED HAS NO OUTSTANDING TAX DUE THE TOWN OF SOMERSET.

TAX COLLECTOR, TOWN OF SOMERSET_____

DATE_____

I CERTIFY THAT THE MAP AND LOT NUMBERS ARE CORRECT FOR THE PROPERTY LISTED ABOVE.

ASSESSOR, TOWN OF SOMERSET_____

DATE_____

BOARD OF SELECTMEN

TOWN OF SOMERSET
MASSACHUSETTS
02726

TOWN OFFICE BUILDING – WOOD AND COUNTY STREETS SOMBS G

CORI REQUEST FORM

Somerset Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____
Applicant Signature

APPLCANT INFORMATION (PLEASE PRINT):

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALTAS (IF APPLICABLE) PLACE OF BIRTH

_____ xxx - - _____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER (LAST SIX NUMBERS) MOTHER'S MAIDEN NAME

_____
*ID Theft Index PIN (if applicable)

CURRENT AND FORMER ADDRESSS:_____

_____

SEX:_____ HEIGHT:_____FT._____ WEIGHT:_____EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER (include state of issue):_____

***THE ABOVE INFORMATION WAS VERTIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATIONS:_____

REQUESTED BY:_____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued a Identify. Theft Index PIN Number by the CHSB, Certified agencies are required to provide all applicants the opportunity to include this information to ensure accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

TOWN OF SOMERSET
OFFICE OF THE SOMERSET BOARD OS SELECTMEN

ATTESTATION FORM

REVENUE ENFORCEMENT AND PROTECTION (REAP)

BUSINESS NAME:

BUSINESS ADDRESS:

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 and local taxes required by law.

_____

Signature of Individual or Corporate Name (Mandatory) (Date)

_____

Signature of Corporate Officer (Mandatory, if applicable) (Date)

_____

**Social Security Number (Voluntary) or Federal Identification Number

** 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. Licenses 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 Massachusetts General Laws, Chapter 62C.Section 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia