

CLASS TWO LICENSE —INSTRUCTIONS FOR APPLICATION

This license is for sale of second hand vehicles.

Steps applicant must follow:

STEP #1 – Contact Zoning Board of Appeals to ensure the location you have chosen for your business is appropriately zoned.

STEP #2 - Fill out application. Provide the name, address and telephone numbers of a licensed repair facility where you have your cars repaired if necessary to satisfy warranty and repair obligations under MGL Ch. 140.

STEP #3 —Provide copy of current \$25,000 Secondhand motor vehicle bond: the municipal licensing authority noted as Town of Canton, 801 Washington Street, Canton, MA Q2021.

STEP #4 —Contact the Building Commissioner and the Deputy Fire Chief to arrange an inspection of the premises to be licensed.

STEP #5 — Please complete the attached Workers Comp. Affidavit and attach a copy of your valid Certificate of Insurance for Worker's Compensation.

STEP #6 —Please complete the attached form attesting to applicant having filed all state tax returns and paid all state/local taxes required under law.

STEP #7 - Please provide a copy of the current lease agreement if property is owned by someone other than the applicant.

STEP #8 — A public hearing notice is required to be published in the local newspaper at least 10 days prior to the public hearing. The public hearing notice will be generated and advertised by the Licensing Agent, but the applicant is responsible for advertising fee. Applicant must provide billing information for this publication.

STEP #9 —The Board may then place this mater on the agenda. Applicant will be notified of the hearing date and time and will be required to attend. This license is renewed each December 31st. The fee for this license is \$100.

Town of Canton
Massachusetts

APPLICATION FOR A CLASS I & II AUTO DEALER'S LICENSE
in accordance with M.G.I. CHAPTER 140, SECTION 57, 58 & 59

Please circle one:

NEW Application

RENEWAL Application

Please circle one:

CLASS I License
(License Fee - \$100)

CLASS II License
(License Fee - \$100)

Name of Applicant _____

Doing Business As _____

Business Address _____

Is this an individual, co-partnership or corporation? _____

President: _____

Secretary: _____

Treasurer: _____

Federal Tax TD #: _____

Telephone number: _____

Website: _____

Email Address: _____

Is your principal business the sale of new motor vehicles? Circle one: Yes or No

Are you a recognized agent of a motor vehicle manufacturer? Circle one: Yes or No

If yes, name the manufacturer(s): _____

Have you signed a contract as required by Section 58, Class I? Circle one: Yes or No

Is your principal business buying and selling of second hand motor vehicles? Circle one: Yes or No

If yes, where? Please provide city/town, and date of issue: _____

Describe the business premises and general operations: _____

Has any license issued to you in MA or any other state to deal in motor vehicle sales or parts ever been suspended or revoked? Check one: Yes or No

If yes, please explain: _____

Print Name: _____

Signature: _____

Date: _____

CLASS II -LICENSEES:

Name of Repair

Facility: _____

Address: _____

Phone #: _____

I consent to pay for the cost of the legal advertisements as required by the Massachusetts General Law, which will be billed to me directly as the Applicant.

X _____

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)

**Class I/II License Application
CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO**

Section 57. License; When Required; Report of Sales No person, except one whose 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 or allow any property under his control to be used as a place of sale or display of motor vehicles 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, and to any person engaged in the business of leasing or renting motor vehicles and who, as an incident to such business, sells or offers to sell any such lease or rental vehicle to the public. All sales of second-hand motor vehicles or part thereof made by any person referred to in this section shall be reported weekly to the registrar of motor vehicles on such forms as may be prescribed by him.

Section 58. Classes of Licenses. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacturer 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 manufacturer 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 this chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person whose principal business is the buying or selling of second hand motor vehicles may be granted a used car dealer's license; provided, however, that such person maintains or demonstrates access to repair facilities sufficient to enable him to satisfy the warranty repair obligations imposed by section seven N1/4 of chapter ninety. A used car dealer shall remain liable for all warranty repairs made and other obligations imposed by said section seven N1/4 of said chapter ninety.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding and selling 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.

DATE OF APPLICATION: _____

Board of Selectmen/Licensing Authority
Memorial Hall
801 Washington Street
Canton, MA 02021

Pursuant to Mass. General Laws, Chapter 62C, Section 49A, I/we hereby certify, under the penalties of perjury, that I/we, to the best to my knowledge and belief, have filed all state tax returns and paid all state and local taxes required under the law.

Business or Corporate Name _____

D/B/A if any _____

**Signature of Individual
or Corporate Officer (Mandatory*)** _____

Print Name _____

Business Address (Number & Street) _____

City, State, Zip Code _____

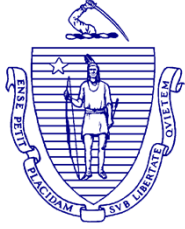
Federal Identification Number _____

Home Address of the applicant: _____

Cell phone: _____

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

Your federal identification number will be furnished to the Mass. Department of Revenue to determine whether you have met tax filling and tax payment obligations. Licensees who fail to correct their non-filings or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws, Chapter 62, 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