



City of Everett, Massachusetts  
City Clerk's Office  
484 Broadway, Room 10  
Everett, MA 02149  
(617) 394-2225

### MOTOR DEALER APPLICATION

**Type of License:**

1st class     2nd Class     3rd Class

Name of Business:

Business Address:

Name of Applicant:

Home Address:

Home phone:

Other phone:

Name of corporation, trust or other entity:

Name & title of authorized officer:

Officer's Address:

Home phone:

Other phone:

*I hereby certify under the pains and penalties of perjury, that the foregoing and following information is true and accurate to the best of my understanding and belief.*

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

**LIST THREE REFERENCES (new licenses only)** (excluding relatives, partners, employees, etc)

1. NAME:   
STREET:   
CITY:  STATE:  ZIP CODE:   
PHONE:

2. NAME:   
STREET:   
CITY:  STATE:  ZIP CODE:   
PHONE:

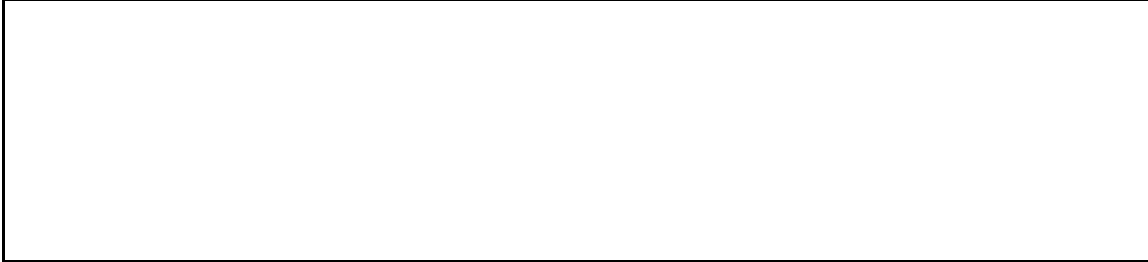
3. NAME:   
STREET:   
CITY:  STATE:  ZIP CODE:   
PHONE:

PROPOSED HOURS OF OPERATION:   
PROPOSED DAYS OF OPERATION:   
PROPOSED NUMBER OF EMPLOYEES:   
PROPOSED NUMBER OF VEHICLES FOR SALE:   
PROPOSED NUMBER OF REPAIR STALLS:

WHO IS THE ONSITE MANAGER OF THE BUSINESS?  
NAME:   
ADDRESS:   
PHONE:

LIST ANY BUSINESS LICENSE(S) OR PERMIT(S) THAT YOUR BUSINESS OR EMPLOYEES REQUIRE FROM ANY OTHER REGULATORY BODY:

(Use a separate page, if necessary)



COMPLETE A SKETCH OF THE BUSINESS LOCATION INCLUDING THE DISTANCE FROM THE NEAREST PUBLIC STREET, AND THE GENERAL TRAFFIC CONDITIONS OF THE AREA (One way streets, no parking, etc.) \*New licenses only



**NEW LICENSES OR RENEWALS REQUESTING AN INCREASE IN VEHICLES FOR SALE ONLY**

Attach to this application a block plan showing the land area in sq. ft., the building area in sq. ft., number of floors, placement of buildings on the lot, area use in the buildings, parking and storage areas, any unusable areas, exact location of all flammable storage areas, street entering and exit locations.

1st and 2nd Class Motor Dealers must include a certified plot plan displaying parking for vehicles for sale, employees and customers.

Seven days prior to a hearing for any new 1st, 2nd, and 3rd Class Motor Dealers, the petitioner must notify by certified mail abutters that are 150 feet of the proposed location.

If you have been in business before, please list the names, locations and nature of the businesses: \*New licenses only

1. Business Name:   
Address:

2. Business Name:   
Address:

3. Business Name:   
Address:

State briefly why you want to conduct this business in the City of Everett?

**APPLICATION ATTACHMENTS**

- |                                    |                               |
|------------------------------------|-------------------------------|
| _____ Certified Plot Plan*         | *Application Fee: _____       |
| _____ Certificate of Good Standing | *References (3): _____        |
| _____ Building Department Approval | Workmen's Compensation: _____ |
| _____ Fire Prevention Approval     | REAP Attestation: _____       |
| _____ CORI*                        | *Right to Property _____      |
| _____ Emergency Information        | * new licenses only           |

**TO BE COMPLETED BY THE  
COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13, 617-394-2240**

**Certificate of Good Standing**

Property Address:

Do you own the property?:

I, \_\_\_\_\_, of the Collector's Office of the City of Everett, Massachusetts, do hereby state that the owners of the proposed business are current on the following taxes and fees:

Real Estate Taxes

Personal Property

Water/Sewer

Date:

**COMMENTS:**

**TO BE COMPLETED BY THE  
BUILDING DEPARTMENT, EVERETT CITY HALL, ROOM 29, 617-394-2220**

Number of Repair Stalls:

If repair stalls are not at this address, where are they located?

Number of Vehicles for Sale Requested:

**INSPECTION RESULTS**

I, \_\_\_\_\_, do hereby state that as of this date the premises meets / does not meet all of the requirements imposed upon it pursuant to the city's building code. This application is for a new/used motor vehicle dealer's license. The maximum number of cars/trucks allowed on the lot is: \_\_\_\_\_. In addition, this business must provide \_\_\_\_\_ off-street parking spaces, and \_\_\_\_\_ employee parking spaces and repair stalls.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Building Inspector

**TO BE COMPLETED BY THE  
FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349**

Number of Repair Stalls:

If repair stalls are not at this address, where are they located?

Number of Vehicles for Sale Requested:

**INSPECTION RESULTS**

I, \_\_\_\_\_, of the Fire Department for the City of Everett, Massachusetts, do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

Pass \_\_\_\_\_                      Fail \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Fire Inspector

**IF YOU DO NOT OWN THE PROPERTY IN WHICH YOUR BUSINESS IS LOCATED,  
PLEASE HAVE THIS FORM COMPLETED BY THE PROPERTY OWNER.**

**PROPERTY OWNER INFORMATION**

PROPERTY ADDRESS:

OWNER'S NAME:

PHONE:

**PROPERTY OWNER STATEMENT**

I, hereby state that I am the property owner at \_\_\_\_\_, and that the abovementioned business has the right to use the property for the purpose stated in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A PROPERTY CARD FROM THE ASSESSORS' OFFICE WITH THIS FORM**



**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.

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  
 Other

I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)

**CITY OF EVERETT**  
**Information for POLICE/FIRE/MEDICAL emergency**

Date: \_\_\_\_\_

Street \_\_\_\_\_ Number \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Alarm Company \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_