



Mayor Alex B. Morse
City of Holyoke

License Board
Timothy Grader
Jose Correa
Andrea Brunault-McGuiness

APPLICATION FOR A NEW LICENSE OR RENEWAL OF A REPAIR LICENSE

We, the undersigned, Duly Authorized by the businesses herein mentioned hereby apply for a _____ License (indicate Auto Repair, Auto Body and Towing) in Accordance with the Provision of Section 7 of the Ordinance of the City of Holyoke

1. Name of the License Holder: _____

Business Name _____

Address of where the license holder conducts or wishes to conduct business:

Business phone number _____

All of the following questions must be answered by the Applicant seeking the license or renewal and must be answered completely and accurately. Any false or misleading information provided by the Applicant may result in the denial of the request and may result in the revocation of the existing license holder repair license.

1a. Full Name and home address of the applicant seeking the license or renewal.

Individual: _____

Home Address: _____

Home Phone: _____

If a Corporation: Corporate Name: _____

Corporate Address: _____

Date and State of Corporation: _____

President: _____

Treasurer: _____

Clerk: _____

Registered Agent: _____

Any Changes in Corporate Officers since last renewal list Below

If a LLC: Business Name: _____

Name of Mangers: _____

Address: _____

Home Phone: _____

Registered Agent: _____

If a partnership: Name and Residential Address of all Partners and Home Phone

2. Emergency Contact Name: _____

2a Emergency Telephone Contact: _____

3. Proposed address of where the applicant is seeking to conduct business:

3a. Do you own or lease the property _____. If you lease the property a copy of your lease agreement must be provided.

4. Will the purchase, sale or exchange of second hand motor vehicles be your principal business at the proposed location? _____. If no, please describe what your principal business will be at the proposed location.

5. What, if any, license(s) have been issued to the Applicant by the City of Holyoke, Commonwealth of Massachusetts or the Federal Government, which have as their principal place of business the proposed location as indicated in paragraph three (3) above.

6. Has any license as described in paragraph five (5) above ever been suspended or revoked for any reason including, but not limited to, a lawsuit initiated by the Attorney General or Public Prosecutor or due to a violation of a state deceptive practice or fraud _____.

If yes, describe in detail the circumstances surrounding the suspension and/or revocation: _____

7. Have you ever applied for a Repair License in any town, city or State? _____

If yes, where _____

Did you receive a license? _____

If so, please attach copies of all current licenses.

When: _____

8. Describe in detail your access to a repair facilities sufficient to enable you to Satisfy the warranty repair obligation imposed by MGL c. 90-§ 7N ¼.

9. Number of cars that you are currently licensed to have for repair at your current location _____

Applicant Signature

Date

Applicants Signature

Date

CHECKS OR MONEY ORDERS SHOULB BE MADE PAYABLE TO THE CITY OF HOLYOKE

OFFICE USE ONLY

Date Paid:

Check Number:

CORI REQUEST FORM

The Holyoke License Board has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the issuance of a Repair License, 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 is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE

MAIDEN NAME OF ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: XXX - SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

FORMER ADDRESS:

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

***THE ABOVE INFORMATON WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPH IDENTIFICATION:

REQUESTED BY: SIGNATURE OF CORI AUTHROIZED EMPLOYEE