

## GUIDE TO SECOND HAND MOTOR VEHICLE DEALER LICENSES

A license must be obtained before operating a used car motor vehicle dealership. Licensure is valid from the date of the license through December 31. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The fee is \$500.00.

To complete the application:

1. Fill in the Second Hand Motor Vehicle Dealer License Application and sign the Acknowledgement. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit.
2. Proceed to the Treasury, 93 Highland Avenue, 617 625-6600 x3500, Monday-Wednesday, 8:30 AM to 4:00 PM, Thursday, 8:30 AM to 7:00 PM, Friday, 8:30 AM to 12:00 PM, to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing.
3. If you are submitting a new application, contact the Inspectional Services Department, 1 Franey Road, 617 625-6600 x5600, Monday through Friday, 8:00 to 10:00 AM or 3:00 to 4:00 PM, for a sign-off as to zoning, and, for Class 1 and 2 licenses, a determination of how many vehicles you may store on the premises.
4. If you are submitting a new application, fill in and sign the Public Record Request Information, for EACH owner, officer or partner listed on the Application. Then contact the Police Chief's Office, 220 Washington Street, 617 625-6600 x7200, Monday through Friday, 8:30 AM to 4:00 PM, for a sign-off.
5. If you are submitting a new or renewing application for a Class 2 license, obtain and include with the application an original bond in the amount of \$25,000 in a form satisfactory to the City, pursuant to MGL c.140 §58. If the original bond is already on file in the City Clerk's Office, attach evidence that the bond remains in effect.
6. If you are submitting a new application for a Class 2 license, obtain from the Assessor's Office, 93 Highland Avenue, 617 625-6600 x3100, a list of all property owners within 300 feet of the location, and create a set of mailing labels for a future mailing to abutters that the City Clerk's Office will prepare.
7. If you are submitting a new application for a Class 3 license, return all materials to the City Clerk, arrange with the City Clerk a date for a Public Hearing before the Board of Aldermen, and complete with the City Clerk an Abutter Notification Letter. Then obtain from the City Assessor's Office a list of abutters to the location, and send the Abutter Notification Letter, by Certified Mail-Return Receipt Requested, to each abutter at least ten (10) days before the hearing. Collect all of the Return Receipts and submit them to the City Clerk.
8. If you are submitting a new application, you must file a duplicate of this application with the Registrar of Motor Vehicles, PO Box 55889, Boston, MA 02205, Attn: Vehicle Inspection.
9. Submit the application and fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will submit the Application to the Board of Aldermen for approval or denial. The Board will forward it to the Committee on Licenses and Permits for review and to determine any conditions. The City Clerk will notify you of the Board's decision.



Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y \_\_ N \_\_

Is your principal business the sale of new motor vehicles? Y \_\_ N \_\_

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract? Y \_\_ N \_\_

If yes, provide the name of the manufacturer(s): \_\_\_\_\_

Is your principal business the buying and selling of second hand motor vehicles? Y \_\_ N \_\_

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location? Y \_\_ N \_\_

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼? Y \_\_ N \_\_

If yes, provide the name of the repair facility: \_\_\_\_\_

Is your principal business that of a motor vehicle junk dealer? Y \_\_ N \_\_

Have you ever obtained a license to deal in second hand motor vehicles or parts? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended? Y \_\_ N \_\_

If yes, list year, city and state \_\_\_\_\_  
\_\_\_\_\_

Describe all of the premises to be used in the business: \_\_\_\_\_  
\_\_\_\_\_

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

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

Business Address: \_\_\_\_\_

**FOR NEW APPLICANTS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

\_\_\_\_\_ The use is permitted as of right

\_\_\_\_\_ The use requires a special permit

\_\_\_\_\_ The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: \_\_\_\_\_ inside  
\_\_\_\_\_ outside

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**CRIMINAL HISTORY SYSTEMS BOARD**  
**PUBLIC RECORD REQUEST INFORMATION**  
**(FOR NEW APPLICANTS ONLY)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
Social Security Number  
(Requested But Not Required)

List any aliases used:

**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.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*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.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

**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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

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: \_\_\_\_\_

**Official use only. Do not write in this area. To be completed by city or town official.**

|                       |                         |  |
|-----------------------|-------------------------|--|
| City or Town: _____   | Permit/License #: _____ | <input type="checkbox"/> Board of Health     |
|                       |                         | <input type="checkbox"/> Building Department |
|                       |                         | <input type="checkbox"/> City/Town Clerk     |
|                       |                         | <input type="checkbox"/> Licensing Board     |
|                       |                         | <input type="checkbox"/> Selectmen's Office  |
| Contact Person: _____ | Phone #: _____          | <input type="checkbox"/> Other _____         |