

INSTRUCTIONS:

- SECTION 1&2 Must be completed by the APPLICANT
- SECTION 3 Must be completed and signed by the local authorities of the city or town in which the location is proposed
- Submit the completed application with required attachments by mail to:  
DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS UNIT Room 102, 60 STATE ST, WETHERSFIELD, CT 06161-2011

**SECTION 1 BUSINESS INFORMATION**

**PLEASE CHECK ONE BOX ONLY:**  NEW DEALER  USED DEALER  GENERAL REPAIRER  LEASING  MANUFACTURER  LOW SPEED

**TYPE OF LICENSE:**

**PLEASE CHECK ONE BOX ONLY:**  NEW LICENSE  CHANGE MEMBER  ADD PROPERTY  CHANGE LOCATION  CHANGE OF BUSINESS NAME (DBA ,LLC, ETC.)

**TRANSACTION TYPE:**

Name Under which Business is to be Conducted ( Please include DBA if applicable):

Existing License number (if applicable):

Full Address of Location for Which License is Requested:

Business License # from Secretary of State:

Mailing Address, If Different From Above:

FEIN #:

If Incorporated or LLC, Under the Laws of which State:

E Mail Address

The Business Holds a Factory Franchise to Sell the Following Make(s) of Vehicle(s) at The Above Location for (New Car Dealers and Low Speed):

List all Makes of Vehicles Manufactured by the Applicant which are offered in the State of Connecticut. (Manufacturers Only)

If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation, enter data for officers. If LLC, Enter data for members..

NAME	TITLE	HOME ADDRESS	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH

**New/Used Car Dealers, Low Speed and Manufacturers only (MUST CHECK ONE)**

I am applying for a Dealer's license and do not hold, or intend to apply for a Manufacturer's license

I am applying for a Manufacturer's license and do not hold, or intend to apply for a Dealer's license

**SECTION 2 TO BE COMPLETED BY LEASING COMPANIES ONLY**

Do you lease vehicles for periods of 30 days or more?  YES  NO Leasing company's normal business hours

**CONTACT PERSON FOR REGISTRATION RENEWAL ISSUES**

Phone #

Fax #

Email

**CERTIFICATION (To be signed by Owner, Partner, Managing Member or Authorized Officer in presence of notary)**

Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

Signed (Owner, Partner, Managing Member or Officer)  Title  Date

Subscribed and sworn to before me:  Place Sworn (Town/City and State of)  Signed: (Notary Public, Justice of the Peace, or Commissioner of Superior Court)  Date Commission Expires

**SECTION 3 CERTIFICATION OF LOCAL APPROVAL FOR PROPOSED LOCATION - NOT APPLICABLE FOR LEASING, LOW SPEED OR MANUFACTURERS**

**Pursuant to CGS 14-54, local approval is hereby granted for the above named firm or individuals to conduct a business of the type checked above at the location specified in this application.**

Signature of Authorized Zoning Official <input type="checkbox"/>	Printed Name of Authorized Zoning Official	Title of Zoning Official	Date
<i>Signatures of Building Officials and Fire Marshal indicate compliance with applicable laws and regulations ( Required for New and Used Dealers, General and Limited Repairer ONLY)</i>			
Signature of Building Official <input type="checkbox"/>	Printed Name of Building Official		Date
Signature of Local Fire Marshall <input type="checkbox"/>	Printed Name of Local Fire Marshall		Date

**MUST BE SIGNED BY ZONING OFFICIAL**

Are there any restrictions placed on the licensee's use of property?  YES  NO  
(If "YES." a copy of the restrictions MUST be attached to this application.)

**ATTACH ADDITIONAL PAGES IF NECESSARY**