

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 to the above e mail or by mail to: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS UNIT Room 102, 60 STATE ST., WETHERSFIELD, CT 06161-2011

SECTION 1 BUSINESS INFORMATION

TYPE OF LICENSE: NEW CAR DEALER USED CAR DEALER GENERAL REPAIRER LIMITED REPAIRER LEASING MANUFACTURER

TRANSACTION TYPE: NEW LICENSE CHANGE MEMBER ADD PROPERTY CHANGE LOCATION CHANGE OF BUSINESS NAME (DBA ,LLC, ETC.)

Name Under which Business is to be Conducted: 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:

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, Used, Car Dealers Only):

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 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

Name 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) X | 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) X |
| | | Date Commission Expires |

SECTION 3 CERTIFICATION OF LOCAL APPROVAL FOR PROPOSED LOCATION - NOT APPLICABLE FOR LEASING 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.

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.)

| | | | |
|---|------------------------------------|-------|------|
| Signature of Authorized Official X | Printed Name of Authorized Officer | Title | 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 X | Printed Name of Building Official | Date | |
| Signature of Local Fire Marshal X | Printed Name of Local Fire Marshal | Date | |

ATTACH ADDITIONAL PAGES IF NECESSARY