STATE OF CONNECTICUT **DEPARTMENT OF MOTOR VEHICLES**

DEALERS AND REPAIRERS UNIT

DMV USE ONLY

INSTRUCTIONS:

1. SECTION 1&2 Must be completed by the APPLICANT

2. SECTION 3 Must be completed and signed by the local authorities of the city or town in which the location is proposed

3. 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: LIMITED REPAIRER LEASING MANUFACTURER GENERAL TYPE OF LICENSE: DEALER DEALER REPAIRER PLEASE CHECK ONE BOX ONLY: CHANGE MEMBER ADD PROPERTY CHANGE LOCATION CHANGE OF BUSINESS NAME (DBA ,LLC, ETC.) LICENSE TRANSACTION TYPE: Existing License number (if applicable): Name Under which Business is to be Conducted (Please include DBA if applicable): Business License # from Secretary of State: Full Address of Location for Which License is Requested: FEIN #: Mailing Address, If Different From Above E Mail Address If Incorporated or LLC, Under the Laws of which State: 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. **HOME ADDRESS** PHONE # **SOCIAL SECURITY #** DATE OF BIRTH **NAME TITLE** 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 vou lease Leasing company's normal business hours YES NO vehicles for periods of 30 days or more? CONTACT PERSON FOR REGISTRATION RENEWAL ISSUES Name Email Fax # 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 Place Sworn (Town/City and State of) Signed: (Notary Public, Justice of the Peace, or Commissioner of Superior Court) Date Commission Expires Subscribed and X sworn to before me 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 Zoning Official Printed Name of Authorized Zoning Official Title of Zoning Official Date 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) Signature of Building Official Printed Name of Building Official Signature of Local Fire Marshall Printed Name of Local Fire Marshall Date X