



**TOWN OF FREETOWN  
BOARD OF SELECTMEN**  
3 North Main Street  
PO Box 438  
Assonet, MA 02702

Fee: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Cash / Check: \_\_\_\_\_

Phone: 508-644-2202 x1101

**APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE  
SECOND HAND MOTOR VEHICLES OR PARTS THEREOF**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a ..... class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? .....  
Business address of concern: .....

2. Is the above concern an individual, co-partnership, an association of a corporation?  
.....

3. If an individual, state full name and residential address.  
.....

4. If a co-partnership, state full names and residential addresses of the persons composing it.  
.....

5. If an association or a corporation, state full names and residential addresses of the principal officers.  
President: .....  
Secretary: .....  
Treasurer: .....

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? .....  
If so, is your principal business the sale of new motor vehicles? .....  
Is your principal business the buying and selling of second hand motor vehicles? .....  
Is your principal business that of a motor vehicle junk dealer? .....

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

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8. Are you the recognized agent of a motor vehicle manufacturer? Yes or No.....

If so, state name of manufacturer: .....

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9. Have you a signed contract, as required by Section 58, Class I? Yes or No.....

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?

Yes or No.....

If so, in what city/town? .....

Did you receive a license? Yes or No..... For what year? .....

11. Has any license issued to you in the Commonwealth of Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? Yes or No.....

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.....  
.....

Sign your name in full: .....  
(Duly authorized to represent the concern herein mentioned)

Residence: .....  
.....

**IMPORTANT:**

Every question must be answered with full information, and false statements herein may result in the rejection of your application or the subsequent revocation of your license if issued.

Note: If the applicant has not held a license in the year prior to this application, the applicant must file a duplicate of the application with the registrar. (See Sec. 59)