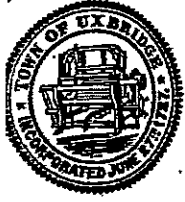


APPLICATION FOR PROCESSING CLASS I, II, III LICENSES

- 1....1ST STEP SEND APPLICANT TO ZONING BOARD/PLANNING BOARD OFFICE FOR APPLICATION FOR A SPECIAL PERMIT FOR A CLASS II LICENSE FROM THE ZBA.**
- 2.... 2ND STEP IS ONCE APPROVED BY THE ZBA WITH CONDITIONS AND FILED WITH TOWN CLERK WHO STAMPS THAT 20 DAY APPEAL PERIOD HAS PASSED, APPLICANT APPLIES TO BOS FOR A CLASS II LICENSE.**
- 3. PACKET INCLUDES, BOND REQUIREMENT (PER STATE), REQUEST TO GO TO ASSESSORS FOR ABUTTER'S LIST TO BE SENT OUT BY APPLICANT AND PROOF TO BE GIVEN TO THE BOS.**
- 4. APPLICANT SUPPLIES PROOF OF WORKMANS COMP INFORMATION BY FILLING OUT FORM.**
- 5. APPLICANT FILLS OUT C.O.R.I, SIGNS, AND SUBMITS TO BOS.**
- 6. APPLICANT FILLS OUT STATE APPLICATION FOR LICENSE TO BUY SELL OR EXCHANGE OR ASSEMBLE SECOND HAND MOTOR BEHICLES OR PARTS THEREOF. (SUBMITS TO BOS)**



**TOWN OF UXBRIDGE
BOARD OF SELECTMEN
Town Hall Room 102
21 South Main Street
Uxbridge, MA 01569-1851
508-278-8600 Fax 508-278-8605**

INSTRUCTIONS TO APPLY FOR A CLASS I, II OR III LICENSE TO SELL USED CARS

1. APPLICANTS MUST GO TO THE ZONING BOARD OF APPEALS TO APPLY FOR A SPECIAL PERMIT FOR A CLASS II LICENSE.
2. ONCE THIS APPLICATION HAS BEEN APPROVED BY THE ZONING BOARD OF APPEALS AND HAS BEEN FILED WITH THE TOWN CLERK, THE TOWN CLERK WILL HOLD THE PERMIT FOR A 20-DAY APPEAL PERIOD. ONCE THAT PERIOD HAS PASSED, THE ATTACHED PACKET OF INFORMATION CAN BE COMPLETED TO OFFICIALLY APPLY FOR THE CLASS I-III LICENSE.
3. A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED ON ALL LICENSE APPLICANTS. COMPLETE THE BOTTOM OF THE LETTER WRITTEN TO THE CRIMINAL HISTORY SYSTEMS BOARD TO ALLOW THE TOWN TO CONDUCT THIS INVESTIGATION.
4. **APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF:** TYPE OR PRINT CLEARLY.
5. **WORKER'S COMPENSATION INSURANCE AFFIDAVIT:** YOU MUST PROVIDE PROOF OF WORKERS' COMPENSATION INSURANCE. INSTRUCTIONS TO COMPLETE THIS FORM ARE ATTACHED.
6. **APPLICATION FOR A CERTIFIED ABUTTERS LIST:** AS A COURTESY TO OTHER TOWN RESIDENTS, THE TOWN REQUIRES YOU TO NOTIFY ALL ABUTTERS OF YOUR PROPERTY OF YOUR INTENT TO APPLY FOR A LICENSE. THIS MUST BE DONE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.
7. **AFFIDAVIT OF NOTICE OF MAILING TO ABUTTERS AND OTHERS:** THIS MUST BE COMPLETED AND NOTARIZED WITH CERTIFIED MAIL RETURN RECEIPTS ATTACHED AND SUBMITTED TO THE OFFICE OF THE BOARD OF SELECTMEN ONCE YOUR ABUTTER NOTIFICATION PROCESS IS COMPLETE.
8. IN CONJUNCTION WITH THE ABOVE LISTED MATERIALS YOU MUST ALSO SUBMIT:
 - a. A CHECK MADE OUT TO THE TOWN OF UXBRIDGE IN THE AMOUNT OF **\$100** FOR THE CERTIFIED ABUTTERS LIST.
 - b. A BOND IN THE AMOUNT OF \$25,000, EXECUTED BY A SURETY COMPANY AUTHORIZED BY THE INSURANCE DEPARTMENT TO TRANSACT BUSINESS IN THE COMMONWEALTH. A SEPARATE BOND IS REQUIRED FOR EACH DIFFERENT NAME UNDER WHICH THE USED CAR DEALER CONDUCTS BUSINESS (SEE ATTACHED CORRESPONDENCE FROM THE OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATIONS).
 - c. A COPY OF A PLAN (MAY BE HAND DRAWN) SHOWING THE SITE, BUILDINGS, AND LOCATIONS OF CARS.

THE ABOVE MATERIALS SHOULD BE COMPLETED AND RETURNED TO:

OFFICE OF THE BOARD OF SELECTMEN/TOWN MANAGER
TOWN OF UXBRIDGE
21 SOUTH MAIN STREET
UXBRIDGE, MA 01569

ONCE YOUR LICENSE IS APPROVED AND SIGNED BY THE BOARD OF SELECTMEN, IT WILL BE YOUR RESPONSIBILITY TO PICK IT UP AT THE TOWN HALL. WHEN YOU PICK UP THE LICENSE, YOU WILL NEED TO BRING A CHECK MADE OUT TO THE TOWN OF UXBRIDGE IN THE AMOUNT OF **\$100** TO PAY FOR THE LICENSE. THIS LICENSE IS RENEWABLE ON AN ANNUAL BASIS.

THE COMMONWEALTH OF MASSACHUSETTS

OF _____

**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. No. _____ St.,

_____ City — Town.

2. Is the above concern an individual, co-partnership, an association or 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.

8. Are you a recognized agent of a motor vehicle manufacturer? _____
(Yes or No)

If so, state name of manufacturer _____

9. Have you a signed contract as required by Section 58, Class 1? _____
(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? _____ For what year? _____
(Yes or No)

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

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, he must file a duplicate of the application with the registrar. (See Sec. 59)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Tracey Ante is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Tracey Ante to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Tracey Ante written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the Tracey Ante may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Tracey Ante must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name -Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____

Sex: ____ Height: __ ft. __ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee



The Commonwealth of Massachusetts
Executive Office of Transportation
Registry of Motor Vehicles
www.mass.gov/rmv

Anne L. Collins
Registrar

Mail:
Section 5 Division
P.O. Box 55889
Boston, MA 02205
(617) 351-9272

Dear Dealer Applicant:

A "Dealer" is defined as any person who is engaged principally and substantially in the business of buying, selling, or exchanging motor vehicles, trailers, or motor vehicle bodies and maintains a facility dedicated to carrying out said business, and except for a person who exchanges such vehicles on a wholesale basis, is open to the public.

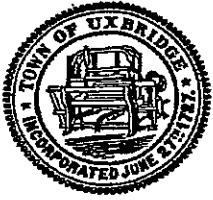
It will be necessary for you to furnish copies of the following documents in order to obtain Dealer plates:

1. **A Current Dealer License from the city or town in which you are doing business. (M.G.L. c. 140, § 59)**
2. **A Current Business Certificate from the city or town in which you are doing business.**
3. **Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).**
4. **Federal Identification Number/Employer Identification Number (FID/EIN)* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:**
 - **Top part of Form 942** - Department of the Treasury Employer's Quarterly Federal Tax Return.
 - **Form 8109** - Federal Tax Deposit Coupon.
 - **Any** letter from the IRS to the Corporation/Company, showing the Corporation/Company name and FID/EIN.
 - **Top part of Form 940** - Department of the Treasury Internal Revenue Service US Income Tax Return for a subchapter 'S' Corporation.
5. **Franchise agreement letter from the manufacturer, if you are a Class 1 Dealer.**

Please complete the enclosed application and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 978-474-9717.

Note: The business name or corporation name must be spelled exactly the same on all of the above documents.



TOWN OF UXBRIDGE
ASSESSOR OFFICE
21 South Main Street
Uxbridge, MA 01569-1851
Phone 508-278-8600 Fax 508-278-6393
bharris@uxbridge-ma.gov

APPLICATION FOR CERTIFIED ABUTTERS LIST

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

APPLICANT'S TELEPHONE# _____

ADDRESS OF PROPERTY _____

MAP AND LOT NUMBER OF PROPERTY _____

IS THIS FOR A SPECIAL PERMIT? _____

I/WE HEREBY REQUEST A CERTIFIED ABUTTERS LIST FOR THE ABOVE PROPERTY
FOR THE _____
(DEPARTMENT OR BOARD)

I/WE UNDERSTAND THAT THERE IS A MINIMUM \$18.00 FEE* FOR THE ABOVE LIST,
PAYABLE WHEN THE REQUEST IS MADE. PAYMENT MAY BE CASH OR A CHECK
MADE PAYABLE TO THE TOWN OF UXBRIDGE.

I/WE UNDERSTAND THAT THE ASSESSORS OFFICE HAS 10 WORKING DAYS FROM
THE DATE THAT THIS REQUEST IS RECEIVED TO PROCESS THIS REQUEST.

*FEE SCHEDULE: \$18.00 FOR THE FIRST HOUR. \$18.00 PER ADDITIONAL HOUR OR ANY
PART THEREOF.

APPLICANT'S SIGNATURE

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTERS AND OTHERS

DATE: _____

TO: The Licensing Board for the Town of Uxbridge

I, _____, hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcohol license at:

Also attached are the registered receipts/return receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under penalties of perjuries this _____
day of _____, in the year _____.

Printed name: _____

Notary seal

Signed name: _____

Notary Public: _____

My Commission expires: _____