

**APPLICATION FOR AUTOMOBILE DEALER'S  
OR REPAIRER'S LICENSE**

K-7 REV. 7-2016

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**

DEALERS AND REPAIRERS SECTION

On The Web At ct.gov/dmv

DMV USE ONLY	LICENSE NUMBER	EXAMINER INITIALS
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**INSTRUCTIONS:**

- SECTION 1 must be completed by APPLICANT
- SECTION 2 must be completed and signed by local authorities of the city or town in which the location is proposed.
- Submit application and supporting documents to: **DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161-2011.**

**SECTION 1: BUSINESS INFORMATION**

TYPE OF LICENSE  NEW CAR DEALER  USED CAR DEALER  GENERAL REPAIRER  LIMITED REPAIRER

NAME UNDER WHICH BUSINESS OF APPLICANT IS TO BE CONDUCTED

E-MAIL ADDRESS

FULL ADDRESS OF LOCATION FOR WHICH LICENSE IS REQUESTED (Use separate application for each location)

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

TYPE OF OWNERSHIP

INDIVIDUAL  PARTNERSHIP  CORPORATION  LLC

IF INCORPORATED OR LLC, UNDER LAWS OF WHICH STATE

DEEP PERMIT IF APPLICABLE

THE BUSINESS HOLDS A FACTORY FRANCHISE TO SELL THE FOLLOWING MAKE(S) OF VEHICLE(S) AT THE ABOVE LOCATION

If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation enter data for principal officers or major stockholders. If LLC, enter members and managers.

TITLE	NAME	HOME ADDRESS	DATE OF BIRTH	SEX

Place a check mark in the box below, stating that you have no intention to apply for, nor have applied for a Manufacturer's license. Failure to check the box, will result in a Dealer's or Repairer's license NOT being issued.

I have not applied and do not intend to apply for a Manufacturer's license.

**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, major stockholder or authorized officer)

X

TITLE

Subscribed and sworn to before me: DATE

SIGNED (Notary Public, Justice of Peace, or Commissioner of Superior Court)

X

**SECTION 2: CERTIFICATE OF LOCAL APPROVAL FOR PROPOSED LOCATION**

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

Signatures of Building Official and Fire Marshal indicate compliance with applicable laws and regulations.

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

SIGNATURE OF AUTHORIZED OFFICIAL X	PRINT	TITLE	DATE
TYPE OF BUSINESS APPROVED <input type="checkbox"/> NEW CAR DEALER <input type="checkbox"/> USED CAR DEALER <input type="checkbox"/> GENERAL REPAIRER <input type="checkbox"/> LIMITED REPAIRER	PROPOSED LOCATION ADJOINS <input type="checkbox"/> STATE HIGHWAY <input type="checkbox"/> LOCAL ROAD		PAGE 1 OF _____
SIGNATURE OF BUILDING OFFICIAL X	PRINT	DATE	
SIGNATURE OF LOCAL FIRE MARSHAL X	PRINT	DATE	