



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139

## PROCEDURE TO APPLY FOR A USED CAR DEALER LICENSE (CLASS I, II, III MOTOR SALES)

Please submit the following information to be scheduled for a hearing:

Used Car Dealer application.

Zoning sign-off, from the Zoning Department (617-349-6100), on the Licensed Premises Inspection Approvals form.

Floor plan (may be hand drawn) on 8 ½" X 11" size paper *only*, showing the address, layout of the premises including exits, location of lights, and car signs.

Business Certificate, either:

- Stamped Articles of Organization, if a Corporation. LLC Agreement if a Limited Liability Company. Partnership Agreement if a Partnership.; or
- A Business Certificate or D/B/A certificate from the City Clerk's Office, first floor of City Hall (349-4260).

A check for \$175.00, made payable to the City of Cambridge, for the hearing (\$100) and advertising (\$75) fee. (Initial Application Only)

A completed application for CORI Request Form and a check for \$10.00, made payable to the City of Cambridge, for the fee. This fee may be combined with the \$175.00 hearing fee.

Once **ALL** of the above is submitted, you will be scheduled for the next available hearing. We will send you written notification of the hearing date. We publish advertisement in the Tab newspaper and the Cambridge Chronicle.

Once the ad is published, you must notify abutters. You must contact the Assessor's Office (617) 349-4343 for the list of abutters (those properties that are next to and behind your location). You will copy the ad from the paper and mail it **within three days of publication** to the abutters by certified mail, return receipt requested. You will then sign the affidavit, attach the white receipts from the Post Office and submit to us. The green cards may be turned in at the hearing.

The following must be submitted after you apply but **BEFORE the hearing**:

A signed lease or letter of intent from the landlord.

\*Please note that the Fire Department will automatically do a premise inspection before the hearing.

If you are approved for a Used Car Dealer license, the following must be completed **BEFORE you are allowed to operate**:

Approval from the building department on the Licensed Premises Inspection Approvals form.

A check for \$100.00, made payable to the City of Cambridge, for the license fee.

For Class II licensees only: file a copy of \$25,000.00 surety bond.

License Commission approvals are only valid for six months from the decision date and you **MAY NOT** operate until we issue the license to you.



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**FEE:** \$200.00

## USED CAR DEALER LICENSE APPLICATION

Corporate or Applicant Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Doing Business As (d/b/a): \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of License you are applying for:

Class I – New Vehicles

Class II – Used Vehicles

Class III – Junk Vehicles

Days & Hours of operation: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Is this your primary business?      Yes      No

If your business is home-based, is there a separate entrance that is used solely for business purposes and is it accessible from outside?      Yes      No

Do you have a repair facility affiliated with your business?      Yes      No

If yes, please list the facility(s) name and address below:

If no, do you have an agreement with a repair facility to handle repairs?      Yes      No

If yes, please list the facility(s) name and address below:

Will there be any signs, advertising or vehicles on the premises (including in the lot on which the premises stands)?      Yes      No

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?      Yes      No

Is your principal business the sale of new motor vehicles?      Yes      No

Is your principal business the buying and selling of second hand motor vehicles?      Yes      No

Is your principal business that of a motor vehicle junk dealer?    Yes            No

If Class II License, do you (check all that apply):

    Sell used cars only            Rent or lease autos with incidental sale to the public            Conduct auctions.

Are you familiar with MGL Ch. 140, Sections 57 thru 69. RMV-DRT-1 Forms (Dealer Reassignment of Title) Used Vehicle Record Book?    Yes            No

Give a complete description of the premises (Lot & Building sq. ft.) (number of cars/parking spaces)

Parking Plan Attached

Site Plan Attached

Are you a recognized agent of a motor vehicle manufacturer?            Yes            No

If so, state the name of manufacturer \_\_\_\_\_

Do you have a signed contract as required by Ch. 140, section 58, Class I?            Yes            No

Have you ever applied and/or received a license to deal in second hand motor vehicles or parts?

    Yes            No

If so, in what city/town \_\_\_\_\_

Do you have a similar business at any other location?            Yes            No

If yes, list business names and addresses: \_\_\_\_\_

Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts ever been suspended or revoked (MGL Ch. 140)?            Yes            No

**Proof of \$25,000 Bond required for all Class II License. Proof of Workers Compensation Insurance required for all licenses.**

*The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.*

Print Name: \_\_\_\_\_ Relation to Business: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone/Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

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***For Official Use Only***

Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions/Notes: \_\_\_\_\_

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# CRIMINAL OFFENDER RECORD INFORMATION (CORI) REQUEST FORM

Cambridge License Commission has been certified by the Executive Office of Public Safety and Security for access to conviction and pending criminal case data. As an applicant for a \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

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## APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ (if different from  
\_\_\_\_\_ home address) \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM DD YY

Gender: Male or Female Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
(Please circle one)

Massachusetts Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Alias Name or Mother's Father's  
Maiden Name: Maiden Full  
(if applicable): Name: Name: \_\_\_\_\_

**I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.**

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Applicant's Signature

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Today's date

Fee Paid: \_\_\_\_\_

**CONFIDENTIAL DOCUMENT – NOT A PUBLIC RECORD**



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112  
[License@cambridgema.gov](mailto:License@cambridgema.gov)

## LICENSED PREMISES INSPECTION APPROVALS FORM

**To all Applicants:** Approval of the departments listed below must be received by the Licensing Commission before a license will be issued.

**PLEASE NOTE:** Written approval from the Zoning Division of Inspectional Services Department **must** be obtained **before** an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to Inspectional Services Department prior to or along with this document.

**Contacts:** **Zoning, Building, Electrical & Health**  
Inspectional Services Department  
831 Massachusetts Ave, Cambridge, MA  
617-349-6100

**Fire Prevention Bureau**  
Cambridge Fire Department  
489 Broadway, Cambridge, MA  
617349-4918

Please list all Licenses/Uses for which you are applying: \_\_\_\_\_

**To be Completed by Applicant:**

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Uses for each Floor:**

Basement: \_\_\_\_\_ First: \_\_\_\_\_  
Second: \_\_\_\_\_ Third: \_\_\_\_\_  
Fourth: \_\_\_\_\_ Fifth: \_\_\_\_\_  
Add'l Levels: \_\_\_\_\_ Roof: \_\_\_\_\_

<b>NOTE: Applicant is responsible for securing signatures of the following inspector(s) for their approval:</b>	
Zoning Specialist:	_____
Uses Allowed by Zoning:	_____
<b>Restaurants:</b> Total # of Occupants: _____ Total # on off-site/off-street parking spaces exclusively dedicated to restaurant use and available at all times when license is being exercised:	
Building Inspector:	_____ Date: _____
Sanitary Inspector:	_____ Date: _____
Wiring Inspector:	_____ Date: _____
Fire Department:	_____ Date: _____