

TOWN OF WARE, MA
CHECKLIST FOR CLASS I, II OR III DEALER LICENSE
 Contact Executive Assistant to Town Manager at 413-967-9648 ext. 101

	TYPE OF DEALER LICENSE APPLIED FOR:
	CLASS I - NEW
	CLASS II - USED
	CLASS III - JUNK
	COMPLETE APPLICATION, INCLUDING TOWN DEPARTMENTS' INSPECTION/SIGNOFFS (SECTION G)
	COMMONWEALTH OF MASSACHUSETTS FORMS
	GENERAL LIABILITY INSURANCE \$1,000,000 LIMIT
	Workers' Compensation Insurance Affidavit
	BOND OR SURETY BOND \$25,000
	Copy of Deed or Lease Agreement
	SITE PLAN FROM ASSESSORS' OFFICE
	ABUTTERS' LIST FROM ASSESSORS' OFFICE AND NOTIFICATION RECEIPTS
	Parcel ID: Map _____ Block _____ Lot _____
	Zoning Designation _____



TOWN OF WARE

Town Hall, 126 Main Street
Ware, Massachusetts 01082
413-967-9648

FOR CLASS I, II OR III CAR DEALER LICENSE

Date of Application: _____

Corporate Name: _____

DBA: _____

Address: _____

Telephone: _____

Email: _____

Name of Manager or Contact Person: _____

SUPPORT DOCUMENTATION NEEDED:

- **STATE DOCUMENTS**
 - Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles or Parts thereof.

- **Planning Board**
 - Is this an allowed use for this zone? _____
 - Special Permit _____
 - Special Permit with Site Plan Approval _____
 - Attach a copy of the Planning Board decision

- **Business Entity Documentation**
 - Corporation Certificate of Good Standing from Secretary of State
 - Business Certificate from Town Clerk

- **Business Location**
 - Do you own the property? Yes ___ No ___
If yes, attach copy of the deed.
 - Lease? Attach copy of lease agreement
 - Purchase & Sale? Attach copy of the P&S agreement.

- **Days/Hours of Operation:**

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

- **Insurance**

- General Liability Insurance \$\$1,000,000 Limit – provide certificate of insurance evidence of coverage
- Workers’ Compensation Affidavit – copy of certificate of liability with coverage
- Bond – the applicant shall obtain a surety bond of financial responsibility satisfactory to the municipal licensing authority in the amount of \$25,000.

- **Town Department Inspections/Signoffs**

- Treasurer/Collector – certify that all taxes/liens are paid to date
- Board of Health inspection
- Fire Department inspection
- Building Department inspection
- Town Clerk – Business Certificate on file

- **Board of Selectmen**

- Hearing Notice – legal ad is placed by the Town, paid by the applicant
- Abutter Notification – the applicant purchases copy of abutters list from the Assessors’ department, notices sent certified mail to all abutters, green cards returned and presented with application
- Site Plan – detailed scale plan of property, including structures, parking, dimensions, lighting, proposed signage.

EMERGENCY ALERTS

Coronavirus Update

Sign-up for COVID-19 alerts: Get notified by text, email, or phone in your preferred language. *Feb. 1st, 2021, 9:00 pm* [Read more](#) ♦

For the latest information on COVID-19: Vaccines, Cases, Restrictions *Mar. 2nd, 2021, 5:00 pm* [Read more](#) ♦

HIDE ALERTS

Mass.gov

NOTICE

For RMV limited service centers, registration drop off centers, reservation process, extended credentials, online permits, and road test information, [click here.](#)

(<https://www.mass.gov/info-details/rmv-covid-19-information>)



Apply for a dealer registration

A Dealer plate may be issued to a person who is a licensed motor vehicle dealer and who qualifies under Chapter 90, Section 5 and under the RMV's regulations.

The complete process should take no more than 4 - 10 weeks from submitting the application to receiving plates.

Start your application online

(<https://atlas-myrmv.massdot.state.ma.us/myrmv/?Link=SectionFiveApplication>)

CONTACT

Registry of Motor Vehicles

Online

Ask the RMV

Ask the RMV (</info-details/ask-the-rmv>)

THE DETAILS

What you need

The following documents are required 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 do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 1-800-829-4933. 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:

- Any pre-printed IRS correspondence that includes corporation name, address, and FID/EIN number
- Federal Tax Deposit Coupon Form 8109
- Form 147C
- Notice of New Employer Identification Number Assigned Form 5372
- CP575 Notice (issued by the IRS). This is a letter sent to a customer to confirm issuance of an FID number.
- Certificate of Exemption Form ST-2 (issued by DOR)

If your business is unincorporated (e.g. a sole proprietor or general partnership), then the pre-printed IRS correspondence must list the owner information in this sequence: the individual's name, business name, and address.

1. For the used vehicle record book choose between the bound book, Electronic Used Car Record book, or the Genesys Systems Inc.
2. Franchise agreement letter from the manufacturer, if you are a Class 1 Dealer.
3. A list of all authorized users who will have access to the Section 5 plates and a photocopy of a valid driver's license for each authorized user.
4. A photocopy of a legal lease or rental agreement for the property.
5. Photos of exterior business signs, as well as the posted business hours and the building's interior office.
6. A floor plan: a diagram of the property you will use to conduct business, which will give a layout of the building and display area.
7. Copies of pages from your most recent UVRB and copies of the front and back of titles.

Fees

Refer to the RMV's [Schedule of Fees \(/doc/rmv-schedule-of-fees/download\)](/doc/rmv-schedule-of-fees/download).

How to apply

Online

If you would like access to the eServices portal, you must complete and submit the [RMV Business Partner and Administrator Access Form \(/doc/rmv-bp-contact-and-administrator-form/download\)](/doc/rmv-bp-contact-and-administrator-form/download).

Please complete and email to [rmvbusinesspartners@dot.state.ma.us \(mailto:rmvbusinesspartners@dot.state.ma.us\)](mailto:rmvbusinesspartners@dot.state.ma.us).

By mail

1. Complete and sign the [Application for Dealer Registration \(/doc/application-for-dealer-registration/download\)](/doc/application-for-dealer-registration/download)
2. Submit required documents
3. Submit check or money order payable to MassDOT
4. Mail to:

Registry of Motor Vehicles

Attention Section 5 Division

P.O. Box 55897

Boston, MA 02205-5897

Next steps

Processing time

- Once your application is received, all supporting documents are reviewed for accuracy.
- Within 1 week from the date of review, your paperwork is forwarded to the State Police Compliance Unit.
- You will receive a letter from the RMV Section 5 Division informing you that the application has been received and accepted. This letter includes an investigation number. Use this specific number for all correspondence/inquiries throughout this process.
- If your application is not accepted, you will be notified, via mail indicating the reason for rejection.*
- The State Police will make no more than 3 attempts to conduct an investigation. If you receive a message from the State Police, call them back immediately. If the investigation has not been conducted after 3 attempts, your application will be rejected and you will need to reapply.
- Ensure you have reviewed the list of General Requirements and have met all the guidelines. The list of General Requirements is provided with the application, and also sent with your application acceptance letter.
- Within 1 week of the inspection date, you will receive a Registration Application Card at your business address if the site inspection has been acceptable and your application approved by the Registrar. This card requires an Insurance stamp.
- Once you return the stamped card, and pay the appropriate fees, you will be issued a General Registration and plate(s). This process can be completed either in person at 25 Newport Avenue Extension, Quincy Headquarters, or by mail.

More info

Definition of a Dealer

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.

Excise Information

A separate excise tax law applies to "dealers." A motor vehicle dealer to whom a Section 5 registration has been issued shall, for the privilege of such registration, pay to the collector of taxes for the city or town in which such dealership is licensed, a special excise in the amount of \$100.00 for each registration plate. The RMV sends a report to the town in late May for these Section 5 registrants. The bills are payable directly to the city or town.

Downloads

General Requirements for Dealer Inspection

(<https://www.mass.gov/doc/general-requirements-for-dealer-inspection/download>) (PDF 218.18 KB)

Contact

Registry of Motor Vehicles

Online

Ask the RMV

Ask the RMV (</info-details/ask-the-rmv>)

RELATED

Obtain access to Section 5's eServices portal (</how-to/obtain-access-to-section-5s-eservices-portal>)

Apply for additional Section 5 plate(s) (</how-to/apply-for-additional-section-5-plates>)

Apply for a replacement Section 5 plate (</how-to/apply-for-a-replacement-section-5-plate>)

Cancel your Section 5 plate(s) and/or master registration (</how-to/cancel-your-section-5-plates-andor-master-registration>)

Change the name or address for your Section 5 registration

(</how-to/change-the-name-or-address-for-your-section-5-registration>)



Application For Dealer Registration

Registry of Motor Vehicles · Section 5 Division
P.O. Box 55897 · Boston, MA 02205-5897 · PHONE: 857-368-8030 · FAX: 857-368-0823

Requirements and Instructions

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.

The following documents are required 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 do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 1-800-829-4933. 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:**
 - Any pre-printed IRS correspondence that includes corporation name, address, and FID/EIN number
 - Federal Tax Deposit Coupon Form 8109
 - Form 147C
 - Notice of New Employer Identification Number Assigned Form 5372
 - CP575 Notice (issued by the IRS). This is a letter sent to a customer to confirm issuance of an FID number.
 - Certificate of Exemption Form ST-2 (issued by DOR)

If your business is unincorporated (e.g. a sole proprietor or general partnership), then the pre-printed IRS correspondence must list the owner information in this sequence: the individual's name, business name, and address.
5. **For the used vehicle record book choose between the bound book, Electronic Used Car Record book, or the Genesys Systems Inc.**
6. **Franchise agreement letter from the manufacturer, if you are a Class 1 Dealer.**
7. **A list of all authorized users who will have access to the Section 5 plates and a photocopy of a valid driver's license for each authorized user.**
8. **A photocopy of a legal lease or rental agreement for the property.**
9. **Photos of exterior business signs, as well as the posted business hours and the building's interior office.**
10. **A floor plan: a diagram of the property you will use to conduct business, which will give a layout of the building and display area.**
11. **Copies of pages from your most recent UVRB and copies of the front and back of titles.**

Please complete the enclosed application and return it to the address at the top of the application. The business name or corporation name must be the exactly the same as all of the above documents. Your request will be referred for investigation and you will be notified of the result.



Application For Dealer Registration

Registry of Motor Vehicles · Section 5 Division
P.O. Box 55897 · Boston, MA 02205-5897 · PHONE: 857-368-8030 · FAX: 857-368-0823

A. Dealer Type

Dealer Type (check all boxes that apply)

Motor Vehicle Trailer Motorcycle Boat & Boat Trailer Recreational Vehicle and Recreational Trailer Manufacturer

B. Primary Owner Information

Owner Type Individual Corp./Co

Number of plates requested

MA License or ID number

FID Number

Name Last

First MI

DOB

Corp./Co. Name

Residential/ Home Address

Street

City

State

Zip Code

Secondary Owner Information

MA License or ID number

Name Last

First MI

DOB

Residential/ Home Address

Street

City

State

Zip Code

C. Business Information

Name of Business (If the Corp./Co. name is the same as in Section B, write "same". If not, fill in the business name and attach a copy of the Business Certificate issued by your municipality. If you are an individual using a business name other than your own, you must supply a business certificate and an FID/EIN.)

Address

Street

City

State

Zip Code

Mailing Address

Street

City

State

Zip Code

Hours of Operation

Business Phone Number

Cell Phone Number

Business E-Mail

Business Type (select one)

Wholesale Retail Salvage/Retail Manufacturer

Dealer Class (select one)

1 2 3

D. Dealer Information

Dealer License Number

Class

Expiration Date

As an owner, do you currently have or have you ever had a Section 5 General Registration plate? (e.g., Dealer, Repairer, Owner Contractor, Transporter, or Farmer.) If yes, complete the next four fields.

Yes No

Plate Type

Plate Number

Plate Status

Active Expired Canceled

Has the plate been suspended or revoked?

Yes No

If the business is a corporation please list officers:

President

Treasurer

Clerk

Do you have a Used Vehicle Record Book or a software program to generate Used Vehicle Records in a format approved by the Registrar? Yes No What kind? Electronic Used Car Record book Bound Book Genesys Systems Inc.

What other vehicle businesses are you engaged?

Total Number of Employees

Number of Sales Staff

E. Signature(s)

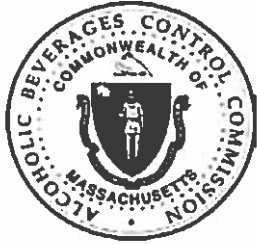
The undersigned hereby certify that all information contained in this application is true and correct to the best of my (our) knowledge and belief. (False statements are punishable by fine, imprisonment, or both.)

I hereby acknowledge that any Section 5 General Registration Plate issued by the Registrar remains the property of the RMV, that it is not transferable, and that it may not be sold, rented, leased, loaned, re-assigned or transferred in any other manner by me or any agent on my behalf. I further understand, acknowledge and agree that if any registration plate issued as a result of this application is found in the possession of a person or on a vehicle not authorized by law, regulation or RMV policy to possess or display such plate, it may be seized at the discretion of the Registrar or his agent or a law enforcement officer and that I may be summoned by the Registrar for enforcement action and possible loss of the General Registration and all General Registration plates.

Signature of Primary Owner _____ Title _____ Date _____

Signature of Secondary Owner _____ Title _____ Date _____

(If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners must sign.)
You must be available for a site visit by the State Police.



*Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, Massachusetts 02150*

Jean M. Lorizio, Esq.
Chairman

**ALCOHOLIC BEVERAGES CONTROL COMMISSION ADVISORY REGARDING
THE LIFTING OF THE 40% CAP ON SEATING CAPACITY**

On February 25, 2021, Governor Charlie Baker announced that the state will move into Phase 3, Step 2 of its reopening plan. A description of this phase and step of the plan can be found [HERE](#).

Beginning Monday, March 1, 2021, licensees that sell alcohol for on-premises consumption are no longer subject to a 40% cap on seating capacity in their establishments; capacity will be limited only by the requirement of six feet distance between tables. Musical performances may begin again as well, so long as 6-foot distancing between customers' tables is maintained.

These licensees are reminded that the 90-minute time limit per table and table capacity of 6 people remain in effect, as well as the requirement that food must be served with alcohol orders.¹

Food courts must remain closed during this phase of reopening.

As reminders, licensees for on-premises consumption may continue to make alcohol sales for take-out orders until February 28, 2021, or until the end of the COVID-19 state of emergency, whichever comes later.² Licensees with outdoor seating that was approved pursuant to Executive Order 35 may continue their outdoor operations until Order 35 is rescinded by the Governor.³

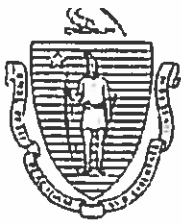
As always, all licensees must ensure that they comply with the laws of the Commonwealth of Massachusetts, and that sales of alcoholic beverages take place only as authorized by federal, state, and local law. All questions should be directed to the ABCC Executive Director Ralph Sacramone at rsacramone@tre.state.ma.us or (617) 727-3040 x 731.

(Issued February 26, 2021)

¹ Advisories regarding these requirements may be found [HERE](#).

² The text of the Acts of 2020, c. 118, permitting such take-out alcohol sales can be found [HERE](#).

³ The text of Order 35 can be found [HERE](#).



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 § 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 (check 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia