



THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF WESTPORT  
RENEWAL APPLICATION FOR A  
LICENSE TO  
REPAIR MOTOR VEHICLES

The undersigned, duly authorized by the concern herein mentioned, hereby apply for the renewal  
a license to repair motor vehicles or parts thereof in accordance with the Town of Westport  
By-Law, Article 29, 1978, effective July 19, 1978.

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

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Hours of business: \_\_\_\_\_

Manager: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete appropriate section below:

If an **individual**, state full name and residential address; include legal or mailing address if either  
is different:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Mailing Address – if different

If a **co-partnership**, state full names and residential address (also legal and/or mailing addresses  
if appropriate) of the persons composing it:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Full Name

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Mailing Address – if different

\_\_\_\_\_ Mailing Address – if different

If an **association** or a **corporation**, state full names and residential (also legal and/or mailing) addresses of principal officers:

President: \_\_\_\_\_  
Full Name                                  Residence                                  Mailing

Secretary: \_\_\_\_\_  
Full Name                                  Residence                                  Mailing

Treasurer: \_\_\_\_\_  
Full Name                                  Residence                                  Mailing

Have you complied with all existing State and Local Building, Fire, Safety, Health and Electrical Codes and Inspections? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Attach a copy of your Annual Fire Inspection Report)

Are you conducting any painting or body work on the premises? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, describe the area set aside for such activities and include provisions made for catching any fumes resulting from such activity and special fireproofing precautions:  
\_\_\_\_\_

Have you complied with MGL Chapter 152, Section 25A for Workers Compensation Insurance as required? Yes \_\_\_\_\_ (Attach copy of Workers Compensation Policy Declaration Page)  
Not Applicable \_\_\_\_\_

Are all local real estate taxes, excise taxes and/or personal property taxes paid up to date?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT(s) SIGNATURE(s)**

\_\_\_\_\_ Full Name

\_\_\_\_\_ Full Name

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Mailing Address – if different

\_\_\_\_\_ Mailing Address – if different

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Phone Number                          Cell Number

\_\_\_\_\_ Phone Number                          Cell Number

\_\_\_\_\_ Email

\_\_\_\_\_ Email

**IMPORTANT**

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

**Repair Licenses for Renewal:**

- A. Completed renewal application
- B. \$200.00 renewal fee (per license)
- C. Copy of your Garage Inspection Report (all Repair Garages must be inspected annually by the Fire Department – Do not wait until last minute to contact the Fire Department to arrange for your inspection as it will hold up your license. The contact person for inspection is: Lt. Dan Ledoux at 774-264-5191)
- D. Copy of your Worker's Comp coverage sheet (if applicable).