



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT

APPLICATION FOR TRANSFER OF LOCATION
OF A CLASS I, II, III or REPAIR LICENSE

The undersigned, duly authorized by the concern herein mentioned, hereby apply for a Transfer of Location in accordance with the provisions of Chapter 140 of the General Laws.

Name of business: _____

Principles of business: _____

License(s) held: Class I____ Class II____ Class III____ Repair____

Present location

Address: _____

Approved number of vehicles for sale/repair/storage: _____

Hours of operation: _____

Proposed location

Address: _____

Do you own or lease the property: _____

Requested number of vehicles for sale/repair/storage: _____

Hours of operation: _____

Has location been approved by: (please answer: yes / no / not applicable)

Building Department: _____

Fire Department: _____

Planning Board: _____

Board of Health: _____

Conservation Commission: _____

Has engineered parking plan been approved by Building & Fire Departments: _____

If repair, has the Fire Department inspected the repair garage facility: _____

Are all local real estate taxes, excise taxes and/or personal property taxes paid up to date?

Yes _____ No _____ Reason: _____

Emergency Contact Person: _____ Phone: _____

Please submit the following:

1. Approved parking plan, signed off by Building and Fire Departments.
2. Copy of lease agreement or deed showing ownership.
3. Repair license must submit a copy of Fire Inspection Report.

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 legible information. False statements herein may result in the rejection of your application or the subsequent revocation of your license, if issued. Submission of all information and documentation are required in order to have your application heard by the Westport Board of Selectmen.