

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
BUREAU OF SAFETY AND ENFORCEMENT  
DEALERS AND REPAIRERS DIVISION  
60 STATE STREET, WETHERSFIELD, CONNECTICUT 06161  
(860) 263-5049



**DMV USE ONLY**

DATE: _____	LICENSE NO.: _____	EXP. DATE: _____	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
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**INSTRUCTIONS:**

1. Please print clearly.
2. The following documentation must also accompany this application: Business License Personnel List (K-26), Agent for Service Form - CT, Copy of Incorporation papers.
3. Enclose a check made payable to "DMV" for \$250.00.

NAME OF CLUB OR ASSOCIATION \_\_\_\_\_

LOCATION - NUMBER AND STREET \_\_\_\_\_ SUITE \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

PRINCIPAL OFFICER OR MANAGING MEMBER \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_ (City or Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (Please use additional sheet, if needed)

Address (Number and Street) \_\_\_\_\_ (City or Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (Please use additional sheet, if needed)

Address (Number and Street) \_\_\_\_\_ (City or Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

STATE WHERE INCORPORATED (Copy of Incorporation Paper must accompany this application)

SIGNATURE (Officer Authorized to Sign Legal Document(s) on Behalf of Auto Motor Club) \_\_\_\_\_ DATE \_\_\_\_\_

X \_\_\_\_\_  
DATE \_\_\_\_\_

X \_\_\_\_\_  
WITNESS: \_\_\_\_\_

APPROVED  DISAPPROVED