

BUSINESS LICENSE PERSONNEL LIST

K-26 REV. 6-2002

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DEALERS AND REPAIRERS DIVISION
 On The Web At <http://dmvct.org>



LICENSE NUMBER

BUSINESS AND MANAGEMENT INFORMATION	BUSINESS NAME		FEDERAL EMPLOYER IDENTIFICATION NO. <i>(Social Security No.(s) if applicable)</i>			
	DOING BUSINESS AS					
	BUSINESS ADDRESS	<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
	MAILING ADDRESS	<i>(If different)</i>	<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	MANAGER, OPERATOR, CONTACT PERSON			BUSINESS TELEPHONE NUMBER(S)		
	DEPARTMENT OF REVENUE SERVICES TAX IDENTIFICATION NUMBER		DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTE DISPOSAL NUMBER, IF USED. <i>(If not, specify how you dispose of your waste -oil, paint, thinner, etc. Explain on additional page.)</i>			
	OTHER LICENSES HELD <i>(Leasing, Gasoline, etc. - Description and License Number of Each)</i>					
	FRANCHISES <i>(New car dealers only)</i>					

LIST OWNERS, PARTNERS, MEMBERS, MANAGERS, MANAGING MEMBERS, OR CORPORATE OFFICERS	TYPE OF OWNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC					
	NAME		POSITION WITH BUSINESS			
	HOME ADDRESS		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
	NAME		POSITION WITH BUSINESS			
	HOME ADDRESS		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
	NAME		POSITION WITH BUSINESS			
	HOME ADDRESS		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
	NAME		POSITION WITH BUSINESS			
	HOME ADDRESS		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
	NAME		POSITION WITH BUSINESS			
	HOME ADDRESS		<i>(No. and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	DATE OF BIRTH		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	

***NOTE:** A clear copy of a Connecticut /out-of-state photo license for each individual listed must be submitted.

I declare that the applicant(s) or holder(s) of this license, including any officer, member, manager, or major stockholder, have not been convicted of a violation of any provision of laws pertaining to the business of a motor vehicle dealer or repairer, including a motor vehicle junkyard, lease or transporter company, in the courts of the United States or any state. I hereby certify, under penalties of false statement, that the statements made by me on this form are true and complete to the best of knowledge and belief.		SIGNED <i>(Owner, partner, major stockholder or authorized officer)</i> X	TITLE
Subscribed and sworn to before me:	DATE	SIGNED <i>(Notary Public, Justice of Peace, or Commissioner of Superior Court)</i> X	