APPLICATION FOR AUTOMOBIL	E DEALER'S				ER EX	KAMINER INITIALS	
OR REPAIRER'S LICENSE K-7 REV. 9-2012	-			DMV VA			
	DEALERS AND REPAIRERS SECTION						
ISTRUCTIONS: On The Web At ct.gov/dmv SECTION 1 must be completed by APPLICANT							
2. SECTION 2 must be completed and signed by lo	ocal authorities of the city or to	own in which the location is proposed.					
Submit application and supporting documents to: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND 3. REPAIRERS SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161-2011.							
SECTION 1: B		ATION					
TYPE OF LICENSE DEALER USED CAR GENERAL LIMITED DEALER DEALER REPAIRER REPAIRER							
NAME UNDER WHICH BUSINESS OF APPLICANT IS TO	BE CONDUCTED		E-MAIL ADD	RESS			
FULL ADDRESS OF LOCATION FOR WHICH LICENSE	S REQUESTED (Use separate ap	oplication for each location)					
MAILING ADDRESS, IF DIFFERENT FROM ABOVE							
TYPE OF OWNERSHIP		LLC		WHICH STATE	CONNECTICUT GASO	LINE PERMIT NO.	
			<i>«</i> :	-t	0		
If applicant firm is owned by individual or partnership, enter	NAME	ed by a corporation enter data for principal of HOME ADD	,	Stockholders. If LL	DATE OF BIR		
		ther, Managing Member, or Author	Drized Office	er in presence	of Notary)		
I declare that the statements made by me in this application or in any documents attached hereto are							
rue and complete to the best of my knowledge and belief. Subscribed and sworn to before me:			SIGNED (Notary Public, Justice of Peace, or Commissioner of Superior Court)				
		OF APPROVAL FOR PRO		LOCATIO	N		
Approval is hereby granted for the above na public hearing on this application has been h	med firm or individual to c	conduct a business of the type che	ecked below	at the locatio	n specified in this a		
	GENERAL 🖂 LIMI	TED PROPOSED LOCATION A			CITY	TOWN	
				WAY	STREET	STREET	
HEARING DATA TYPE OF VEHICLES APPROVED FO		CLES (Except Motorcycles)	мото	ORCYCLES O	NLY 🗌 TRAII	LERS ONLY	
Are there any restrictions pl the licensee's use of the pro		YES (If "YES", a copy of the re	estrictions N	IUST be attac	hed to this applicat	ion.)	
SIGNATURE OF AUTHORIZED OFFICIAL	PRINT	TITLE			DATE		
X Statement by Chief of Doline in town of prop	and looption of her Operation	ander of pocreet Corrections 21	to Dolice D	orrooko if ta		ortmost	
Statement by Chief of Police in town of prop The applicant(s) is a proper person	SIGNATURE	nanuel of nearest Connecticut Sta		aitacks if town	nas not police dep	Jailinelli.	
qualified to be granted a license (29 Op. Atty. Gen 44 1955)	x						