

**BOARD OF SELECTMEN  
TOWN OF FOXBOROUGH  
MASSACHUSETTS**

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Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035  
Telephone 508-543-1200 Fax 508-543-1235

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**MOTOR VEHICLE AGENT'S OR SELLER'S LICENSE APPLICATION - CLASS I  
For the sale of second-hand Motor Vehicles  
FEE-\$300 ♦ PAYABLE TO TOWN OF FOXBOROUGH ♦ Expires on December 31**

Date \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

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FULL NAME OF PERSON, FIRM OR CORPORATION

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DOING BUSINESS AS

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ADDRESS

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E-MAIL ADDRESS

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TELEPHONE NUMBER

Premises description as follows: \_\_\_\_\_

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CLASS I LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

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\*Signature of Individual or Corporate Name  
(Mandatory)

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Corporate Officer  
(Mandatory, if applicable)

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\*\* Social Security # (Voluntary) or  
Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c626Cs 49A.

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Signature of Applicant

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Telephone 508-543-1200 Fax 508-543-1235

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**USED CAR DEALER'S LICENSE APPLICATION – CLASS II  
To buy and sell Second-Hand Motor Vehicles  
FEE-\$300 ♦ PAYABLE TO TOWN OF FOXBOROUGH ♦ Expires on December 31**

Date \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

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FULL NAME OF PERSON, FIRM OR CORPORATION

---

DOING BUSINESS AS

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ADDRESS

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TELEPHONE NUMBER

---

E-MAIL ADDRESS

Premises description as follows: \_\_\_\_\_

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CLASS II LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

---

\*Signature of Individual or Corporate Name  
(Mandatory)

---

By Corporate Officer  
(Mandatory, if applicable)

---

\*\* Social Security # (Voluntary) or  
Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c626Cs 49A.

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Signature of Applicant

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Telephone 508-543-1200 Fax 508-543-1235

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**MOTOR VEHICLE JUNK LICENSE APPLICATION – CLASS III**

**FEE-\$200 ♦ PAYABLE TO TOWN OF FOXBOROUGH ♦ Expires on December 31**

Date \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

\_\_\_\_\_  
FULL NAME OF PERSON, FIRM OR CORPORATION

\_\_\_\_\_  
DOING BUSINESS AS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

Premises description as follows: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CLASS III LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE  
RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
By Corporate Officer  
(Mandatory, if applicable)

\_\_\_\_\_  
\*\* Social Security # (Voluntary) or  
Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c626Cs 49A.

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Signature of Applicant