

Town of



Sterling

MASSACHUSETTS

AUTOMOBILE DEALERS  
CLASS I II III (circle whichever applies)  
LICENSE APPLICATION

PERMIT # \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

FEE PD: \_\_\_\_\_

PRINT ALL INFORMATION  
ALL INFORMATION MUST BE FILLED IN

\_\_\_\_\_  
1. NAME OF BUSINESS/OR ORGANIZATION/OR INDIVIDUAL:

\_\_\_\_\_  
2. PERSON RESPONSIBLE FOR LICENSE:

\_\_\_\_\_  
Street & number      City/Town      State      Zip      Phone #  
3. ADDRESS AND PHONE # OF PERSON RESPONSIBLE:

\_\_\_\_\_  
Street and Number      City/Town      State      Zip      Phone #  
4. LOCATION AND PHONE # WHERE LICENSE IS TO BE USED:

THIS LICENSE EXPIRES ON JANUARY 1 OF EACH YEAR.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
F.I.D. OR S.S. Number

\_\_\_\_\_  
Date