



**COMMONWEALTH OF MASSACHUSETTS
TOWN OF SEEKONK**

NEW FEE \$100.00 Number

**APPLICATION FOR AUTO LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND
HAND MOTOR VEHICLES OR PARTS THEREOF.**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Class III License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles or parts thereof, in accordance with the Provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? _____
Business address of the concern? _____
Phone Number: _____

2. Is the above concern an individual, co-partnership, an association or a corporation?

3. If an individual, state full name and residential address. _____

4. If a co-partnership, state full names and residential addresses of persons composing it. _____

5. If an association or a corporation, state full names and residential addresses of the principal officers. President _____
Secretary _____
Treasurer _____

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? _____

If so, is your principal business the sale of new vehicles? _____

Is your business the buying and selling of second hand motor vehicles? _____

Is your principal business that of motor vehicle junk dealer? _____

7. Give a complete description of all the premises to be used for the purpose of carrying on the business. _____

8. Are you a recognized agent of motor vehicle manufacturer?

If so, state name of manufacturer. _____

9. Have you signed a contract as required by Section 58, Class I? _____

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? _____ If so, in what city/town? _____ For what years? _____

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever have been suspended or revoked?

Signature _____

Print Name _____

Address _____

.....
FOR TOWN USE ONLY

LICENSE NUMBER _____ GRANTED _____ FEE _____

SEEKONK BOARD OF SELECTMEN



TOWN OF SEEKONK

LICENSE APPLICATION REVIEW SHEET

Completed applications must be presented with this License Application Review Sheet

Full Name, Address & Telephone Number of Person, Firm, or Corporation making Application

TYPE OF LICENSE: _____

BUILDING INSPECTOR/ZONING ENFORCEMENT OFFICER

I have reviewed the application and based upon the requirements of the Town's By-laws and the State Building Code, I make the following recommendation:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Building Inspector/Zoning Enforcement Officer

Date

BOARD OF HEALTH

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is (are) why this application should not be granted:

Board of Health Agent

Date

FIRE DEPARTMENT

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is (are) why this application should not be granted:

Fire Chief

Date

PLANNING BOARD

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Town Planner

Date

100 Peck Street, Seekonk, Massachusetts 02771

APPLICANT FOR: _____

TYPE OF LICENSE: _____

POLICE DEPARTMENT ** Please note, before the Police Department will sign the review sheet, fingerprinting may be required for some applications per Category 48 of the Town of Seekonk Bylaws. (See Attached)

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Chief of Police

Date

DEPARTMENT OF PUBLIC WORKS

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Superintendent

Date

SEALER OF WEIGHTS & MEASURES

I have inspected the weighing and measuring devised intended to be used by the applicant and based upon the accuracy of those devises:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Sealer of Weights & Measures

Date

CONSERVATION COMMISSION

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

_____ There is no reason to my knowledge why this application should not be granted.

_____ The following reason(s) is(are) why this application should not be granted:

Agent

Date

TOWN CLERK

_____ A Business Certificate is not required.

_____ A Business Certificate is required and has been applied for.

Town Clerk

Date

CATEGORY 48-CRIMINAL HISTORY CHECK AUTHORIZATION

Purpose and Authorization

In order to protect the health, safety and welfare of the inhabitants of the Town of Seekonk, and as authorized by G.L.c.6,s172B ½ , this bylaw shall require (a) applicants for certain Town licenses permitting the conduct of specific occupational activities within the Town as enumerated in Section 2, below, to submit to fingerprinting by the Seekonk Police Department, (b) the Police Department to conduct criminal record background checks based on such fingerprints, and (c) the Town to consider the results of such background checks in determining whether or not to grant a license.

The Town authorizes the Massachusetts State Police, the Massachusetts Department of Criminal Justice Information Systems (the "DCJIS") and the Federal Bureau of Investigation (the "FBI") as may be applicable to conduct on behalf of the Town and its Police Department fingerprint-based state and national criminal record background checks, including of FBI records, consistent with this bylaw. The Town authorizes the police Department to receive and utilize records of the State police, the DCJIS and the FBI in connection with such background checks, consistent with this bylaw.

Applicant's Submission to Fingerprinting by the Police Department

Any applicant for a license to engage in any of the following occupational activities within the Town shall submit a full set of fingerprints taken by the Seekonk Police Department within ten (10) days of the date of the application for a license for the purpose of conducting a state and national criminal record background check to determine the suitability of the applicant for the license:

Hawker and Peddler
Liquor Licensee
Manager or Alternate Manager of a Liquor Licensee
Solicitors and Canvassers
Dealers in Junk, Second-Hand Articles and Antiques
Second-Hand Motor Vehicle Dealer
Hackney Carriage (Taxi) Operator
Ice Cream Truck Vendor

At the time of fingerprinting, the police Department shall notify each individual who is fingerprinted that his or her fingerprints will be used to check such individual's FBI and state criminal history records.

Police Department Processing of Fingerprint-Based Criminal Record Background Checks and Communication of Results

The Police Department shall transmit fingerprints it has obtained pursuant to Section 2 of this bylaw to the Identification Section of the Massachusetts State Police, the DCJIS and/or the FBI as may be necessary for the purpose of conducting fingerprint-based state and national criminal records background checks of license applicants specified in the said section.

The Police Department shall provide the applicant with a copy of the results of his or her fingerprint-based criminal record background check and supply the applicant the opportunity to complete, or challenge the accuracy of, the information contained in it, including in the FBI identification record. The Police Department shall also supply applicants with information regarding the procedures for obtaining a change, correction or updating of a criminal record, including a copy of 28 CFR Part 16.34 pertaining to FBI identification records. In no event shall the police Department render a suitability evaluation pursuant to the paragraph below until it has taken the steps detailed in this paragraph and otherwise complied with any other procedures required by any Town policy applicable to licensing-related criminal record background checks.

The Police Department shall communicate the results of fingerprint-based criminal record background checks to the applicable licensing authority within the Town. The Police Department shall in addition render to the licensing authority its evaluation of the applicant's suitability for the proposed occupational activity based upon the results of the criminal records background check and any other relevant information know to it. In rendering it evaluation, the police Department shall consider all applicable laws, regulations and Town policies bearing on an applicant's suitability. The police Department shall indicate whether the applicant has been convicted of, or is under pending indictment for, a crime that bears upon his or her suitability, or any felony or misdemeanor that involved force or the threat of force, controlled substance or a sex-related offense.

Reliance on Results of Fingerprint-Based Criminal Record Background Checks

Licensing authorities of the Town shall utilize the results of fingerprint-based criminal record background checks for the sole purpose of determining the suitability of the subjects of the checks in connection with the license applications specified in Section 2, above. A Town licensing authority may deny an application for a license on the basis of the results of a fingerprint-based criminal record background check if it determines that the results of the check render the subject unsuitable for the proposed occupational activity. The licensing authority shall consider all applicable laws, regulations and Town policies bearing on an applicant's suitability in making this determination. The licensing authority shall not deny a license based on information in a criminal record unless the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

Compliance with Law, Regulation and Town Policy

Implementation of the bylaw and the conducting of fingerprint-based criminal record background checks by the Town shall be in accordance with all applicable laws, regulations and Town policies. The Board of Selectmen is authorized to promulgate regulations for the implementation of this bylaw. The Town shall not disseminate criminal record information received from the FBI to unauthorized persons or entities.

Fees

The fee charged by the Police Department for the purpose of conducting fingerprint-based criminal record background checks shall be One Hundred Dollars (\$100.00). A portion of the fee, as specified in G.L c.6, s 172B 1/2, shall be deposited into the Firearms Fingerprint Identity Verification Trust Fund, and the remainder of the fee may be retained by the Town for Costs associated with the administration of the fingerprinting system.

Article 22 June 11, 2012 town mtg.

Approved Att. General July 18, 2012



Town of Seekonk
Office of the Treasurer/Collector
"Certificate of Good Standing"

Town Administrator/BOS - License Renewal Applications

_____	_____
Petitioner Name	Property Owner
_____	_____
Petitioner Address	Property Address
_____	_____
City, State Zip	City, State Zip
_____	_____
Petitioner Phone Number	Plat Number Lot Number(s)

The Applicant must submit this form to the Tax Collector's Office. This completed and signed "Certificate of Good Standing" must also be submitted with your application . Delinquent bills must be paid in full before any application will be accepted. If applicable, a tax statement is attached itemizing all past due amounts. This certificate is valid for 30 days from date signed below.

- Applicant is in Good Standing with the Town of Seekonk.
- Applicant is **not** in Good Standing with the Town of Seekonk.

Collector comments (if necessary): _____

Christine N. DeFontes
Collector of Taxes

Date

Collector's Office: (508) 336-2930
Office Hours: Monday, Tuesday, Thursday 8:30 AM to 4:30 PM Wednesday 8:30 AM to 5:30 PM,
Friday 8:30 AM to Noon



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Christina P. Testa, on behalf of the Town of Seekonk is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Christina P. Testa, on behalf of the Town of Seekonk
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Christina P. Testa, on behalf of the Town of Seekonk
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Christina P. Testa, on behalf of the Town of Seekonk may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Christina P. Testa, on behalf of the Town of Seekonk
 (Organization), must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

MASSACHUSETTS DEPARTMENT OF REVENUE

Revenue Enforcement and Protection (REAP)
Attestation

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 taxes required under law.

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

By: Corporate Officer (Mandatory, if Applicable)

*****Social Security Number (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. Licenses 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 Massachusetts General Law, Chapter 62C, Section 49A.