

## COMMONWEALTH OF MASSACHUSETTS TOWN OF REHOBOTH

JAN 2 7 2021 Board of Selectmen

## APPLICATION FOR A CLASS I OR II AUTO LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

Ė	Class I or Class II Auto 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.	Name of Applicant: Sole Proprietor, Partnership, LLP, Corporation, LLC, etc.)					
	(Sole Proprietor, Partnership, LLP, Corporation, LLC, etc.)					
	D/B/A if different from applicant name: Wheels Unlimited  Business address of license premises: 40 K FAIL RIVER AVE, LENDOTH MA	17769				
	Business Telephone No: 774-229-6608	(				
	Email Address: JIMS KIMS MA C GMAIL COM					
2.	2. Is the above applicant an/a: Individual, association or corporation?  If an individual (sole proprietor): Print full name:  Print residential/home address.					
	Print residential/home address Home/Cell #:					
	If a co-partnership, state full names and residential/home addresses of persons comprising it:					
Nε	ame: Home Address: ame: Home Address:					
Na	ame: Home Address:					
I	Treasurer Name: Home Address:	02703				
(	Other Name: Home Address:					
5.	Manager of Licensed Premises, if not applicant:  Name: Home Address:					
1.	Name:					
1	Day Phone #: Home/Cell #:					
6.	Are you engaged principally in the business of buying, selling or exchanging motor vehicles?  Yes No If so, is your principal business the sale of new vehicles?  Yes No Is your principal business the buying and selling of second hand motor vehicles?  Yes No Is your principal business that of a motor vehicle junk dealer?  Yes No					

7. Give a complete description of all the premises to be used for the purpose of carrying on the business: <u>LUHCU RODAIN SHOP WILD OFFICE</u> , WAITING ARULA + CLITTING ARULA + CLI						
8. Are you a recognized agent of a motor vehicle manufacturer? Yes No  If yes, state name of manufacturer:  Do you have a signed contract with manufacturer as required by MGL C.140, Section 58, Class I:  Yes No - Attach copy of signed contract, if applicable.						
9. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?  Yes No If so, in what city/town Rehaboth, MA THIS IS A Reused Application.						
Did you receive a license? For what year?						
10. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked?  Yes  No						
11. Identify each individual who owns at least 40% of the business not previously listed above:						
12. Required documents which must accompany this application for new license or renewal of license:  For Class II Auto License a \$25,000.00 Surety Bond Name of Insurance Co: Selective (ATTACHE)  Workers Comp Insurance Signed Affidavit with Certificate of Liability Insurance attached (if applicable)  \$125.00 License Fee - Checks Payable to the Town of Rehoboth  Sent W October 1						
Sign your name in full: Michael Kandaras  Print Name: Michael Kandaras  Home Address: MR REGATTA OR ATTUBORD MA 02-703  Date: MR MA 02-703						
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APPLICANT WILL NOT FILL IN THE FOLLOWING BLANKS						
LICENSE NUMBER GRANTED FEE \$125.00						
REHOBOTH BOARD OF SELECTMEN						

## COMMONWEALTH OF MASSACHUSETTS TOWN OF REHOBOTH APPLICATION FOR LICENSE (GENERAL)



## To the Licensing Authority:

The undersigned hereby applies for a needse in accordance with the provisions of the Statutes relating thereto:							
MICHAEL KANDAUK							
Print applicant's name							
Print full name of business							
Print d/b/a (if appropriate)							
TYPE OF LICENSE/PERMIT BEING APPLIED FOR: (check all that apply)							
☐ COMMON VIC	CTUALLER—\$25	☐ JUM	NK (ANTIQUE) LICENSE* - \$20				
☐ AUTOMATIC	AMUSEMENT—see schedule for fee	□ на	WKERS & PEDDLERS\$50				
☐ POOL TABLE-☐ AUCTION	-\$20 per table		AY ENTERTAINMENT\$50 COMPLETE ENTERTAINMENT LICENSE)				
☐ LIVERY-\$25 p	per vehicle		TO CLASS I I II IIII e check appropriate #)\$125				
OTHER							
Business Address:	40 FALL RIVER Ave,	Rehobo	TH , MA 02769				
Mailing Address: (if different than	SAME						
business address) Home Address: (REQUIRED)	MREGOTTA Dr., ATTleboro, MA02703						
<b>Business Phone:</b>	774-229-6608	Iome Phone:	401-241-0999				
Email Address: MICHAELKANDALAFS @ COMCAST, NET							
Applicant's Signature							
PLEASE COMPLETE FOLLOWING SECTION:  Required: Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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.							
FID Number (SS # if	f not applicable)	Signature of Indi	vidual or Corporate Name				
Date of Birth		By:	ficer (if applicable)				

<sup>\*</sup> For any new applications for Auto, Junk/Antique or Hawkers & Peddlers license, please sign attached CORI form.