

- Class I
- Class II
- Class III



Town of Canton

Class I, II or III Dealers License

- New Application
- Renewal

Name _____

(Please Type or Print Legibly)

Address _____

(Street _____ City _____ Zip)

Phone (_____) _____ - _____ [Social Security # _____ - _____ - _____]

Date of birth ____/____/____ Place of birth _____

Driver's license number and state _____

M/F ____ Age _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Comp _____ Build _____

MACROBUTTON CheckIt Married

MACROBUTTON CheckIt Divorced

MACROBUTTON CheckIt Single

MACROBUTTON CheckIt Other _____

Father's Full Name _____

Mother's Full Name _____ (Maiden) _____

Spouse's Full Name _____ (Maiden) _____

Employment: List all employment within the past 10 years, including part-time and military [use back of application if necessary]

Name and Address of Employer	Dates Employed	Position

*List ANY and ALL arrests or summons to court for ANY violation, including motor vehicle citations
[use back of application if necessary]*

Date	Court Location	Offense	Disposition

I declare that the facts on this application are complete and true. Any false or incomplete statements may be cause for denial of a license or revocation of one already issued. I am aware that any infractions of MGL Ch. 140 Section 58-67A may be treated in like manner.

I agree to surrender such license upon closure of my dealership. I also agree to notify the Town of Canton and the Registry of Motor vehicles of any change in my address or other information contained in the above statements including arrests, summons, motor vehicle citations and crashes, within 24 hours of such change in address or information.

Signed _____

Date ____/____/____

Bring application to the Safety Officer of the Canton Police Department to arrange an interview.

Approved: _____ Denied: _____ Comments: _____ _____

Signature of Police Officer

Date