

**CITY OF WESTFIELD**  
**AUTO AGENT APPLICATION – YEAR \_\_\_\_\_**

1. Has the Applicant previously owned a motor vehicle dealership, which has been sued by a state attorney general (or public prosecutor) for violation of a state deceptive practices statute or for civil fraud, whether in the Commonwealth or elsewhere? Check one. Yes \_\_\_ No \_\_\_

1a. Has any individual named in question 2, 3, or 4 previously been an owner or officer in a motor vehicle dealership which has been sued by a state attorney general (or other public prosecutor) for violation of a state deceptive practices statute or for civil fraud, whether in the Commonwealth or elsewhere? Check one. Yes \_\_\_ No \_\_\_

If either 1 or 1a is answered with "yes", please explain fully on the following spaces of this application, and include the nature of the charges, their disposition, and the nature and disposition of any subsequent proceedings involving the matter. Provide the name and address of the public prosecutor's office that filed the suit, indicate the year it was filed, and the name of the party defendant in the matter. Indicate if the matter is pending.

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2. Has the applicant been convicted of a felony, at any time, or a misdemeanor within the five (5) year period immediately preceding the filing of this application. Check one. Yes \_\_\_ No \_\_\_

2a. Has any individual named in question 2, 3, or 4 been convicted of a felony, at any time, or a misdemeanor within the five (5) year period immediately preceding the filing of this application? Check one. Yes \_\_\_ No \_\_\_

If either 2 or 2a is answered with "yes", please explain fully on the following lines of this application, and include the nature of the charges, their disposition, and the nature and disposition of any subsequent proceedings involving the matter. Provide the name and address of the public prosecutor's office, which prosecuted the action and the year the conviction was entered. For the purposes of this application a "conviction" shall include an admission or finding of guilty, a plea of nolo contendere, or an admission to sufficient facts in a court of competent jurisdiction.

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3. Does the applicant have any criminal charges pending in Massachusetts or in any other state or territory of the United States, at the time of the filing of the application? Check one. Yes \_\_\_ No \_\_\_

3a. Does any individual named in question 2, 3, or 4, have any criminal charges pending in Massachusetts or in any other state or territory of the United States, at the time of the filing of this Application? Check one. Yes \_\_\_ No \_\_\_

If either 3 or 3a is answered with "yes", please explain fully on the following lines of this application, and include the nature of the charges and the name and address of the public prosecutor's office which is prosecuting the action.

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4. Has the applicant changed its name in the five (5) year period immediately preceding the filing of the Application? Check one. Yes \_\_\_ No \_\_\_

4a. Has any individual named in question 2, 3, or 4, changed his or her name in the five (5) year period immediately preceding the filing of this application? Check one. Yes \_\_\_ No \_\_\_

If either 4 or 4a is answered with "yes" please explain fully below.

5. Does the applicant have on premises repair facilities? Check one. Yes \_\_\_ No \_\_\_

5a. Does the applicant use off premises repair facilities? Check one. Yes \_\_\_ No \_\_\_  
If yes, list below the name and address of each repair facility used.

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6. Lists the name and address of each individual who has requested a refund of the purchase price of any vehicle purchased in this present calendar year from your establishment.

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6a. List the name and address of each individual who has submitted to any court, administrative agency, public attorney or arbitrator in this present calendar year a complaint that concerns your business establishment.

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7. Days & Hours of Operation: \_\_\_\_\_

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8. E-Mail address if applicable: \_\_\_\_\_

9. Web address is applicable: \_\_\_\_\_

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Signature of Applicant

\_\_\_\_\_  
FID Number

\_\_\_\_\_  
Residential Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Date