BUSINESS LICENSE PERSONNEL LIST

K-26 REV. 6-2002

BUSINESS

AND

MANAGEMENT

INFORMATION

LIST

OWNERS,

PARTNERS,

MEMBERS,

MANAGERS,

MANAGING

MEMBERS,

OR

CORPORATE

OFFICERS

SE PERSONNEL LIST STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES DEALERS AND REPAIRERS DIVISION On The Web At ct.gov/dmv					LICENSE NUMBER	
SUSINESS NAME		On The Web At	ct.gov/dmv		FEDERAL EMPLOYER IDENTIFICATION N	
					(Social Security No.(s) if applicable)	
OING BUSINESS AS						
SUSINESS ADDRESS	(No. and Street)	(Ci	ity or Town	(State)	(Zip Code)	
MAILING ADDRESS (If	different) (No. and Street)	(Ci	ity or Town	(State)	(Zip Code)	
IANAGER, OPERATOR	R, CONTACT PERSON				BUSINESS TELEPHONE NUMBER(S)	
PEPARTMENT OF REV	ENUE SERVICES TAX IDENTIF	CICATION NUMBER			 ECTION WASTE DISPOSAL NUMBER, IF USEI oil, paint, thinner, etc. Explain on additional pag	
THER LICENSES HEL	D (Leasing, Gasoline, etc Desc	cription and License N	umber of Each)			
RANCHISES (New car	dealers only)					
TYPE OF O	WNFRSHIP	INDIVIDUAL		RTNERSHIP	CORPORATION LLC	
IAME		,		POSITION WITH BUSINESS		
IOME ADDRESS	(No. and Street)	(0)				
		(O	ity or Town	(State)	(Zip Code)	
ATE OF BIRTH		·	CURITY NUMBE		(Zip Code) HOME TELEPHONE NUMBER	
ATE OF BIRTH		·				
	(No. and Street)	SOCIAL SE		R		
IAME	(No. and Street)	SOCIAL SE	CURITY NUMBE	POSITION WITH BUSINESS (State)	HOME TELEPHONE NUMBER	
IAME	(No. and Street)	SOCIAL SE	CURITY NUMBE	POSITION WITH BUSINESS (State)	HOME TELEPHONE NUMBER (Zip Code)	
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*NOTE: A clear copy of a Connecticut /out-of-state photo license for each individual listed must be submitted.

HOME ADDRESS (No. and Street) (City or Town (State) DATE OF BIRTH SOCIAL SECURITY NUMBER HOME TELEPHONE NUMBER NAME POSITION WITH BUSINESS

HOME ADDRESS (No. and Street) (City or Town (State) (Zip Code)

SOCIAL SECURITY NUMBER

I declare that the applicant(s) or holder(s) of this license, including any officer, member, manager, or major stockholder, have not been convicted of a violation of any provision of laws pertaining to the business of a motor vehicle dealer or repairer, including a motor vehicle junkyard, lease or transporter company, in the courts of the United States or any state. I hereby certify, under penalties of false statement, that the statements made by me on this form are true and complete to the best of knowledge and belief.

DATE OF BIRTH

SIGNED (Owner, partner, major stockholder or authorized officer) X

DATE SIGNED (Notary Public, Justice of Peace, or Subscribed and Commissioner of Superior Court) sworn X to before me:

(Zip Code)

HOME TELEPHONE NUMBER

TITLE