

BUSINESS LICENSE PERSONNEL LIST

K-26 REV. 9-2022

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DEALERS AND REPAIRERS LICENSING UNIT

Contact us at ct.gov/dmv



LICENSE NUMBER

| | | | | | |
|--|---|--|---|--|-------------------|
| BUSINESS AND MANAGEMENT INFORMATION | BUSINESS NAME | | E-MAIL | FEDERAL EMPLOYER IDENTIFICATION NO. <i>(Social Security No.(s) if applicable)</i> | |
| | DOING BUSINESS AS | | | | |
| | BUSINESS ADDRESS <i>(No. and Street)</i> | | <i>(City or Town)</i> | <i>(State)</i> | <i>(Zip Code)</i> |
| | MAILING ADDRESS <i>(If different)</i> <i>(No. and Street)</i> | | <i>(City or Town)</i> | <i>(State)</i> | <i>(Zip Code)</i> |
| | MANAGER, OPERATOR, CONTACT PERSON | | | BUSINESS TELEPHONE NUMBER(S) | |
| | DEPARTMENT OF REVENUE SERVICES TAX IDENTIFICATION NUMBER | | DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTE DISPOSAL NUMBER, IF USED. <i>(If not, specify how you dispose of your waste -oil, paint, thinner, etc. Explain on additional page.)</i> | | |
| | OTHER LICENSES HELD <i>(Leasing, Gasoline, etc. - Description and License Number of Each)</i> | | | | |
| FRANCHISES <i>(New car dealers only)</i> | | | | | |

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|--|---|------------------------|----------------------------------|----------------------------------|
| LIST OWNERS, PARTNERS, MEMBERS, MANAGERS, MANAGING MEMBERS, OR CORPORATE OFFICERS | TYPE OF OWNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC | | | |
| | NAME | | E-MAIL | POSITION WITH BUSINESS |
| | HOME ADDRESS <i>(No. and Street)</i> | | <i>(City or Town)</i> | <i>(State)</i> <i>(Zip Code)</i> |
| | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | HOME TELEPHONE NUMBER |
| | NAME | | E-MAIL | POSITION WITH BUSINESS |
| | HOME ADDRESS <i>(No. and Street)</i> | | <i>(City or Town)</i> | <i>(State)</i> <i>(Zip Code)</i> |
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| | NAME | | E-MAIL | POSITION WITH BUSINESS |
| HOME ADDRESS <i>(No. and Street)</i> | | <i>(City or Town)</i> | <i>(State)</i> <i>(Zip Code)</i> | |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER | HOME TELEPHONE NUMBER | |

***NOTE:** A clear copy of a Connecticut /out-of-state photo license for each individual listed must be submitted.

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| 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. | | SIGNED <i>(Owner, partner, major stockholder or authorized officer)</i> X | TITLE |
| Subscribed and sworn to before me: | DATE | SIGNED <i>(Notary Public, Justice of Peace, or Commissioner of Superior Court)</i> X | |