

**APPLICATION FOR ELECTRONIC ISSUANCE
LICENSE**
K-7(X) REV. 7-2024

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

Dealers and Repairers Licensing Unit
On The Web At ct.gov/dmv

DMV USE ONLY	LICENSE #	EXAMINER INITIALS
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INSTRUCTIONS:

Choose either "New License" and select Business Type or "Change to an Existing License" and select Transaction Type.

Submit application with all required documents to:

DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS LICENSING UNIT, 60 STATE STREET, WETHERSFIELD, CT 06161

<input type="checkbox"/> New License \$250.00 license fee	Business Type:	<input type="checkbox"/> Titling Service	<input type="checkbox"/> Out of State Dealer	<input type="checkbox"/> Other
<input type="checkbox"/> Change to an Existing License	Transaction Type:	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Add/Remove Owner/Principal

SECTION 1: BUSINESS INFORMATION

NAME UNDER WHICH BUSINESS OF APPLICANT IS TO BE CONDUCTED

FULL ADDRESS OF LOCATION FOR WHICH LICENSE IS REQUESTED (Use a separate application for each location)

Business Email

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

Type of Ownership: Individual Partnership Corporation LLC If Incorporated or LLC, Under Laws of Which State:

If the business is owned by an individual or a partnership, enter the data below for all owners. If the business is owned by a corporation, enter the data below for principal officers or major stockholders. If the business is a Limited Liability Company, enter the data below for the members and managers.

TITLE	NAME	HOME ADDRESS	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH

OTHER LICENSES HELD (Description and License Number of Each)

SECTION 2 – PERSONNEL INFORMATION (FOR EACH APPLICANT LISTED ON THE K-7X APPLICATION LIST ALL BUSINESSES OWNED OR PREVIOUSLY OWNED BY EACH APPLICANT INCLUDING THOSE WHICH ARE DISSOLVED)

OWNER	BUSINESS NAME	SALES TAX ID #

SECTION 3 - CERTIFICATION (To be signed by Owner, Partner, Managing Member, or Authorized Officer in the presence of a Notary)

Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief

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

X

Subscribed and sworn to before me:

DATE

TITLE

SIGNED (Notary Public, Justice of the Peace, or Commissioner of the Superior Court)

X