



Town of Sterling

Select Board

PERMIT # _____
PERMIT FEE _____
FEE PAID: _____

Automobile Dealers

CLASS I II III (Circle whichever applies)

Name: _____
(Name of Business or Organization or Individual)

Person: _____
(Person Responsible for License)

Address: _____ **Phone:** _____
(Street and Number)

(City or Town and Zip Code) **Cell Phone:** _____
Email: _____

Location and Phone Number where license is to be used:

Address: _____ **Phone:** _____
(Street and Number)

(City or Town and Zip Code)

THIS LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR

Signature of Licensee

Print Name

F.I.D OR Social Security Number

Date: