AUTO CLUB LICENSE
K-2 REV. 10-2004

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BUREAU OF SAFETY AND ENFORCEMENT
DEALERS AND REPAIRERS DIVISION
60 STATE STREET, WETHERSFIELD, CONNECTICUT 06161
(860) 263-5049

DMV USE ONLY

DATE: _____	**LICENSE NO.:** _____	**EXP. DATE:** _____	☐ **NEW** ☐ **RENEWAL**

INSTRUCTIONS:

1. Please print clearly.
2. The following documentation must also accompany this application: Business License Personnel List (K-26), Agent for Service Form - CT, Copy of Incorporation papers.
3. Enclose a check made payable to "DMV" for $250.00.

NAME OF CLUB OR ASSOCIATION

LOCATION - NUMBER AND STREET **SUITE**

CITY OR TOWN **STATE** **ZIP CODE** **AREA CODE** **PHONE NUMBER**

MAILING ADDRESS (*If different*)

PRINCIPAL OFFICER OR MANAGING MEMBER

Address (*Number and Street*) (*City or Town*) (*State*) (*Zip Code*)

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (*Please use additional sheet, if needed*)

Address (*Number and Street*) (*City or Town*) (*State*) (*Zip Code*)

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (*Please use additional sheet, if needed*)

Address (*Number and Street*) (*City or Town*) (*State*) (*Zip Code*)

STATE WHERE INCORPORATED (*Copy of Incorporation Paper must accompany this application*)

SIGNATURE (*Officer Authorized to Sign Legal Document(s) on Behalf of Auto Motor Club*) **DATE**

X

DATE

X

WITNESS:

☐ **APPROVED** ☐ **DISAPPROVED**