OFFICE OF BOARD OF SFLECTMEN
TOWN OF NORWELL
345 MAIN STREET P.O. BOX 295
NORWELL, MASSACHUSETTS 02061
(781) 659-8000
FAX (781) 659-7795

MOTOR VEHICLE LICENSE

FEE: _____

APPLICATION FOR: NEW ( ) RENEWAL ( )

CLASS: I ( ) II ( ) III ( )

Name of Business:_____

Address of Business: _____

Telephone #: _____ Fax #: _____

Owner of Business: _____ Telephone #: _____

Owners Address: _____

Description of Premises: _____
(Include Office Space and Parking)

_____

Owner of Building: Name: _____

Address: _____

Person to contact regarding Licensing: _____

Address: _____ Telephone #:_____

Fax #:_____ Email address: _____

Hours of Operation: _____

_____ Date: _____
Signature

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

PURSUANT TO M.G.L., Ch. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

_____
Signature of Individual or Corporate Name

By: _____
Corporate Officer (If applicable)

_____
Social Security Number or Federal Identification Number