

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: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

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