

**BOARD OF SELECTMEN
TOWN OF LYNNFIELD**

55 Summer Street, Lynnfield MA 01940
Telephone 781-334-9410

**CLASS I AUTO LICENSE
AGENT'S OR SELLER'S LICENCE APPLICATION
FEE - \$150 - PAYABLE TO TOWN OF LYNNFIELD - Expires on January 1**

Date_____

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

FULL NAME OF PERSON, FIRM OR CORPORATION

ADDRESS

TELEPHONE NUMBER

Premises description as follows:

AGENT of _____

CLASS I LICENSE IN THE TOWN OF LYNNFIELD IN ACCORDANCE WITH THE
RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

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 and local taxes required under law.

*Signature of Individual or Corporate Name By Corporate Officer

(Mandatory)

(Mandatory, if applicable)

** Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c626Cs 49A.

Signature of Applicant