

TOWN of LYNNFIELD
APPLICATION for TAXI/LIVERY LICENSE

Please fill out this form and return it to the Selectmen's Office along with your check for \$50.00 (fifty dollars per vehicle to be licensed) made out to the Town of Lynnfield. Indicate the name of the business which should appear on the license together with the applicant's name, title and telephone number.

APPEND TO THIS FORM PROOF THAT COMPANY or INDIVIDUAL HAS A TAXI CAB OR PUBLIC LIVERY VEHICLE LICENSED BY THE COMMONWEALTH OF MASSACHUSETTS.

Application is for Taxi _____ Livery _____
Name of Applicant _____
Home Address of Applicant _____
Telephone Number of Applicant _____
Name of Business _____
Address of Business _____
Telephone Number of Business _____
Number of Vehicles _____
Address Where Vehicles are to be Garaged _____

Hours of operation _____

If corporation, list officers with addresses:

President _____
Vice President _____
Treasurer _____
Secretary _____

Have you ever been convicted in any court for any violation, including minor motor vehicle offenses? _____ If so, where and give date _____

Do you or any of your corporate officers hold any similar licenses in this or any other municipality in the Commonwealth? _____ If so, where? _____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of individual
Or corporate name (mandatory)

Corporate Officer
(Mandatory if applicable)

Social Security # or Federal Identification Number _____

Signed under the penalties of perjury on (date) ____ / ____ / ____
Applicant signature _____

TOWN of LYNNFIELD
TAXI/LIVERY LICENSE DRIVER INFORMATION

I hereby make application for a license to drive a

(Check one) Taxi _____ Livery _____ in the Town of Lynnfield.

Name _____

Maiden name (If applicable) _____

List all aliases used _____

Father's full name _____

Mother's name (include maiden name) _____

S.S.N. _____ - _____ - _____ Mass. License # _____

Address _____

City/Town _____ State _____

Place of birth _____ Marital status _____

Date of birth ____ / ____ / ____ Hair color _____ Eye color _____ Sex _____

Height _____ Weight _____ Are you a U.S. citizen? _____

Are you a Naturalized citizen? _____ Naturalization Certificate # _____

Are you a Permanent Resident of The United States? (Possess a green card) _____

Place of entry into The United States _____

Do you hold a Taxi/Livery license in this or any city/town in Mass.? _____

If so where? _____ Have you had any motor vehicle violations? _____

Do you possess a criminal record? _____ Have you ever been arrested? _____

Where? _____ When? _____ What offense(s)? _____

What was the Court disposition(s) for this/these offense(s)? _____

ARE YOU PRESENTLY SERVING ANY COURT ORDERED PROBATION?

Expiration date _____

Do you read, speak, write & fully understand the English language? _____

Signed under the penalties of perjury on (date) ____ / ____ / ____

Applicant signature _____

PLEASE APPEND TO THIS FORM A
COPY OF YOUR CURRENT DRIVER'S LICENSE