

TOWN OF BURLINGTON
29 Center Street, Burlington, MA 01803

NEW CLASS II LICENSE APPLICATION

CLASS II AUTO LICENSE - \$75 FEE PAYABLE TO "TOWN OF BURLINGTON"

APPLICATION MUST INCLUDE CURRENT COPY OF \$25,000 BOND, WORKERS' COMPENSATION INSURANCE FORM AND PROOF OF INSURANCE

TOWN USE ONLY: PAPERWORK REC'D _____ CK # _____ DATE _____

BUSINESS INFO

Business Name (DBA): _____
Burlington Address: _____
Manager's Name: _____
Phone: _____ EMAIL: _____
Federal Tax I.D. # (if applicable): _____
Days of Operation: _____
Hours of Operation: _____

OWNERSHIP INFO (Please fill this portion out ONLY if business is owned by an INDIVIDUAL or PARTNERSHIP)

Owner(s) Name(s): _____
Street Address: _____
City, State, Zip: _____
Phone: _____ EMAIL: _____

CORPORATE INFO (Please fill this portion out ONLY if business is owned by a corporation)

Corporation Name: _____
Street Address: _____
City, State, Zip: _____
Corporate Contact's Name/Title: _____
Phone: _____ EMAIL: _____

LICENSE RENEWAL INFORMATION WILL BE SENT TO EMAIL ADDRESS BELOW: ACTUAL LICENSE WILL BE MAILED TO THE BURLINGTON LOCATION AND A COPY WILL BE EMAILED OR SENT TO ADDRESS BELOW IF REQUESTED.

Business Name: _____
Attention: _____ EMAIL: _____
Address: _____
City, State, Zip: _____

Please list any details regarding a conviction or suspension of a license within the past 10 years, issued under the provision of Massachusetts General Laws: _____

ANY INTENTIONAL FALSE ANSWERS TO ANY OF THE ABOVE QUESTIONS WILL BE JUST CAUSE FOR THE REVOCATION OF ANY OR ALL LICENSES ISSUED UNDER THE PROVISIONS OF THE GENERAL LAWS, AS AMENDED.

Signature of Applicant (MUST BE SIGNED) _____ Date _____