



City of Lynn, Commonwealth of Massachusetts

APPLICATION FOR LIVERY – ADDITIONAL VEHICLE

Please enter your information: (Please print all information)

Owner's Name (Please Print) _____

Owner's Street Address _____

Owner's City, State, Zip _____

Owner's Telephone Number _____

Business Name _____

Business Street Address _____

Business City, State, Zip _____

Business Telephone Number _____

Year and Model _____

VIN _____

Type (Type & Capacity of Vehicle) _____

Mass. Registration Number _____

Name of Insurer _____

OWNER'S SIGNATURE

DATE

OFFICE USE ONLY

- Proof of Existing Business
- Copy of Identification
- Proof of Garaging Attached
- \$100.00 Fee Paid Per Vehicle

Paid by: Cash Check Credit Card

Clerk's Initials: _____