



**Town of Fairhaven
Massachusetts
Select Board**

40 CENTER STREET
FAIRHAVEN, MA 02719

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FAX: (508) 979-4079
Selectmen@Fairhaven-MA.gov

APPLICATION FOR LICENSE TO HAVE A PRIVATE LIVERY

The undersigned hereby makes application for a license as **Private Livery**.

Signature _____

Residence _____

Telephone # _____

Applicant's Social Security Number _____

Business Address _____

Business Name _____

Applicant's Date of Birth _____

Pursuant to M.G.L. Chapter 62C, section 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.

Social Security Number or Federal
Identification Number

Signature

Date: _____

Fee: \$10.00 Business – yearly fee

Office Use only

Workers' Compensation _____

Building Department _____

Board of Health _____

Taxes _____