



**Town of Fairhaven  
Massachusetts  
Select Board**

40 CENTER STREET  
FAIRHAVEN, MA 02719

TEL: (508) 979-4023  
FAX: (508) 979-4079  
Selectmen@Fairhaven-MA.gov

**APPLICATION FOR LICENSE TO HAVE A PRIVATE LIVERY**

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

Signature \_\_\_\_\_

Residence \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Operator's License # \_\_\_\_\_

Car \_\_\_\_\_

Registration # \_\_\_\_\_

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 Per Car**

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*Office Use only*

Workers' Compensation \_\_\_\_\_

Building Department \_\_\_\_\_

Board of Health \_\_\_\_\_

Taxes \_\_\_\_\_