



TOWN OF HINGHAM  
SELECT BOARD  
210 Central Street  
Hingham, MA 02043

**APPLICATION FOR LIMOUSINE LICENSE**

Application For: New ( ) Renewal ( )

FEE: \$50.00 per Vehicle  
Additional Drivers: \$25.00

Owner's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of vehicles to be licensed: \_\_\_\_\_

VEHICLE INFORMATON

Year	Make	# of Passengers	Color	VIN No.	Registration No.
Vehicle 1: _____					
Vehicle 2: _____					
Vehicle 3: _____					

ATTACH COPY OF CERTIFICATE OF REGISTRATION FOR EACH VEHICLE.  
THE CERTIFICATE OF INSURANCE COVERAGE PAGE IS REQUIRED FOR EACH VEHICLE.  
ALL DRIVERS MUST PRESENT A COPY OF THEIR DRIVER'S LICENSE.

PURSUANT TO M.G.L., CH. 62c, 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.

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Date

Return application with fee made payable to *The Town of Hingham*.

Additional Drivers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_