

**FEE: \$120.00 for the first
two (2) vehicles = _____**

**\$50.00 per additional vehicle
= _____**

Inspection Fee = \$50.00

NEW _____ Renew _____

Total due: _____

Please check one:

New Application _____

Renewing Application
w/Changes _____

Renewing Application
w/NO Changes _____

Type of Business

Please check only one:

Sole Proprietor: _____

Partnership (inc. LLP) _____

*(Please attach the name of the
partnership and all partners who
own more than 10%)*

Trust _____

*(Please attach the name of the
trust and all trustees who own
more than 10%)*

Corporation _____

*(Please attach proof of the
corporation including the names
and addresses of the corporation,
president, treasurer and
secretary.)*

LLC _____

*(Please attach the name of the
LLC and all managers who own
more than 10%)*

Revised 12/18/2024

COMMONWEALTH OF MASSACHUSETTS

CITY OF EVERETT

LIVERY LICENSE APPLICATION

Mail _____ or Pick-up _____

Business (DBA) Name:

Business Address:

Applicant's Legal Name:

Mailing Address (including Zip Code):

Contact Phone:

Contact E-Mail:

Business telephone number(s):

Hours and days of Operations:

NUMBER OF VEHICLES:

Place of Garaging:

Signature of Applicant:

Date:

CERTIFICATE OF GOOD STANDING

Property/Vehicle Address:

Do you own the property/Vehicle? Y __ N __

I do hereby state that the owners of the proposed business are/are not current on the following taxes and fees:

Real Estate Taxes: _____

Excise Tax: _____

Personal Property: _____

Water/Sewer: _____

Parking tickets/fines: _____

Collector's Office Signature: _____

Print Name: _____ **Date:** _____

TO BE COMPLETED AT THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13

TO BE COMPLETED BY THE EPD TRAFFIC. CALL TO SCHEDULE 617-394-2447

EACH VEHICLE(S) MAKE, MODEL, YEAR, MILEAGE, CONDITION. (USE SEPARATE SHEET IF NEEDED AND ATTACH TO APPLICATION)

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Mileage</u>	<u>Registration #</u>	<u>Valid Mass. inspection Sticker(Y/N)</u>
					Yes No

Description of services to be provided under this license:

Under the pains and penalties of perjury I attest that I owe no back taxes, fees nor fines to the Commonwealth of Massachusetts or the City of Everett.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval (If more than two vehicles)
3. Fire Prevention Approval (If more than two vehicles)
4. Workmen's Compensation Affidavit
5. REAP Attestation
6. Insurance policy for each vehicle
7. Valid operator's license
8. Signed CORI request form
9. Copy of current registration for each vehicle

ATTACHMENTS FOR NEW LICENSES ONLY

First-time applications must also include:

1. Criminal Offender Record Information (CORI)
2. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
3. Copy of valid Massachusetts Drivers' License
4. Application Fee (\$200.00)

FOR CITY CLERK'S OFFICE USE ONLY

Application Accepted:

Application Approved:

Application Issued: