THE COMMONWEATH OF MASSACHUSETTS TOWN OF BOURNE APPLICATION FOR LICENSE (LIVERY)

No:	Date:			
To the License Authorities: The undersigned applies for a Liver thereto.	y License in accordance with	the provisions of the Stat	tutes relatin	ıg
Name:(full name	of person/firm/corporation m	aking application)		
Home Address:				_
Mail Address:				_ _
Telephone:(Business)	(Home)	(Cell)		
Email:				_
Make and year of vehicle: (1)				
Number of passengers: (1)	Registration number	er (1):		
VIN (1):				
Inspection done by:	Date	Approved	Yes	No
Make and year of vehicle: (2)				
Number of passengers: (2)	Registration numl	per: (2)		
VIN (2):				
Inspection done by:			Yes	_No
Insurance Company:				
Address:				
In said Town of Bourne in accordan	ce with the rules and regulati		of said sta	tues.
**********			******	****
Approved: (yes) (no)				
Chairman, Board of Selectmen				
Bodily Injury: \$100,000 – each person \$300,000 – each accident \$250,000 – property damage				