

TOWN OF HOPKINTON

**License Application for
COMMERICAL HAULERS**

Name of Applicant _____

Address of Applicant _____

Date of Birth of Applicant _____

Home Phone Number _____

Name of Business _____

Address of Business _____

Business Phone Number _____

Date of Application _____

Amount of License \$200.00 _____

Restrictions _____

Date _____

Signature of Applicant _____

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1. List all truck drivers operating under this license in the Town of Hopkinton.

Name	License Identification Number and State of Origin of License
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List vehicle information for all company vehicles operating under this license in the Town of Hopkinton.

Year and Make of Vehicle	Registration Plate Number and State of Origin of Truck
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant _____

Position _____

Date _____

(Return to Town Clerk's Office)