



CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112
License@cambridgema.gov

FEE: \$121.00 FOR THE FIRST 2 CARS AND \$50 FOR EACH ADDITIONAL CAR

LIVERY AND LIMOUSINE APPLICATION

Corporate or Applicant Name: _____ Tax ID No.: _____

Doing Business As (d.b.a): _____

Owner's Name (if different): _____

Business Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Number of Vehicles to be licensed: _____

Make: _____ Model: _____ Registration: _____

***Please note that the name on the registration must match the business name on the license application.**

Please list the name and address of **EACH** driver:

Name: _____ Address: _____ Driver's License Number: _____

***Please use additional paper if necessary.**

The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.

Print Name: _____ Relation to Business: _____

Sign: _____ Date: _____

Telephone/Cellphone: _____ Email: _____

For Official Use Only

Granted: _____ Denied: _____

Conditions/Notes: _____
