

**APPLICATION FOR LICENSES OR RENEWAL OF LICENSES
TOWN OF WILLIAMSBURG**

Applicant's Name (corporate name if corporation) _____

Doing Business As, if different _____

Street Address _____

Mailing Address, if different _____

Telephone _____

Email _____

Owner of property, if different _____

Complete and return to: **Board of Selectmen, Licensing Authorities**
 141 Main Street, P. O. Box 447
 Haydenville, MA 01039

Make payable to: **Town of Williamsburg**

_____	Class I Sale of Second-hand Motor Vehicles	\$75.00
_____	Class II Used Car Dealer's License to Buy and Sell Second-hand Motor Vehicles	\$75.00
_____	Class III Motor Vehicle Junk License	\$75.00

Signature of Applicant

Tax Certification:

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.

**Name of Applicant –
Individual or Corporation**

**Signature of Applicant –
Individual or Corporate Officer**

**Social Security Number of Individual
or Federal Identification Number of Corp.**

**Name and Title of Corporate Officer,
if a corporation**