

## TOWN OF HANOVER 550 HANOVER STREET, SUITE 120

HANOVER, MASSACHUSETTS 02339 781-826-5000 ext. 1032 Janet D. Tierney
Licensing Coordinator

## AUTOMOBILE LEASE/RENTAL LICENSE APPLICATION

Date	
Full Name of Person or Business Submitting This Application	
Contact Name/Facility Manager	
Address of Proposed Location	
Map and Lot # in the Town of Hanover Ass	essors Map
Days and Hours of Operation	
Please state clearly the purpose for which the lot:	this license is requested and the number of vehicles or
Signature of Applicant	Federal ID Number
Print Name	Business Telephone
Mailing Address	Cell Phone Number
Email Address	