



TOWN OF HANOVER
550 HANOVER STREET, SUITE 103
HANOVER, MASSACHUSETTS 02339
781-826-5000 ext. 1032

Janet D. Tierney
Director of Public Affairs
Licensing and Insurances

COMMONWEALTH OF MASSACHUSETTS
TOWN OF HANOVER

JUNK DEALER'S LICENSE APPLICATION

Applicant's Name: _____

DBA: _____

Business Street Address _____

Map & Lot Number (Available in the Assessor's Office): _____

Days & Hours of Operation: _____

Please state clearly the purpose for which this license is requested:

Please provide the following:

Site plan including location and dimensions of all proposed uses

Copy of a signed Lease or Deed for the Junk Dealer's business location

Completed Cori Authorization Form for all those with an interest in the business listed above.

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 by law.

Signature of Applicant

Telephone Number

Print Name

Email Address

Mailing Address