TOWN OF EDGARTOWN

APPLICATION FOR AUTO RENTAL LICENSE

To the Board of Selectmen:

The undersigned applies for a license to conduct an auto rental business in accordance with the provisions of the Edgartown By-Law relating thereto.

Business Name: _____

Mailing Address: _____
        If a corporation, you must supply a copy of corporation papers

Business Street Address: _____
              Map _____ Lot _____

Applicant Name: _____ Owner or Manager _____
Mailing Address: _____

Business Phone: _____ Home Phone: _____

Email Address: _____

Signature: _____ SS# or Fed ID#: _____

APPLICATION FEE $425 (non-refundable)

Please do not write below the line

Date received: _____

Meets Zoning Requirements   (YES/NO) _____
                                   Building Zoning Inspector
                        Date: _____

Board of Selectmen Approval _____ Date: _____

Copy to Assessors: _____ Date: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

<u>REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION</u>

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.

_____

*Signature of Individual or Corporate Name(Mandatory)

_____

By: Corporate Officer   (Mandatory, if Applicable)

_____

**Social Security (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or taxpayment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62c § 49A.

TOWN OF EDGARTOWN

<u>Please list your vehicles you will be renting.</u>

Make	Year	Model	Color	VIN #	Registration #