



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT

APPLICATION FOR INCREASE IN VEHICLE LIMIT

The undersigned, duly authorized by the concern herein mentioned, hereby request an increase in allowed vehicle limit.

Present Business Name

Name of business: _____

Address: _____

Type of License: Class I _____ Class II _____ Class III _____ Repair _____

Present Vehicle Limit: _____

Requested Vehicle Limit: _____

Date of Parking Plan approval: _____

***Must submit an approved parking plan signed off by the Fire and Building Departments.**

APPLICANT(S) SIGNATURE(S)

Full Name

Full Name

Residential Address

Residential Address

Mailing Address – if different

Mailing Address – if different

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Phone Number Cell Number

Phone Number Cell Number

Email

Email