



**Boston Fire Department
 Fire Prevention Division
 1010 Massachusetts Avenue – 4th Floor
 Boston, MA 02118
 Tel: 617-343-3447 Fax: 617-343-2197**

<i>For BFD Internal Use Only:</i>	
Payment Received Date:	_____
Payment Number:	_____
Customer ID:	_____
Permit Number:	_____

LICENSE TRANSFER FORM

Completed License should be: _____ Mailed _____ E-mailed _____ Picked up

DATE: _____

I request that License/CID No. _____ granted by the Board of Street

Commissioners on _____ for the purpose of _____
(Licenses) (Garage, etc.)

in building(s) or other structure(s) situated at _____
(Location of License)

be transferred to the name of _____

Present occupant _____ Lessee _____ Owner of land _____

(Signature of Applicant for License Transfer)

For: _____
(Applicant that is representing a company, corporation, or estate requesting license transfer-The name of said company, corporation, or estate must be entered on this line.)

MAILING ADDRESS: _____
Number Street

City State Zip Code **PHONE:** _____

FAX: _____ **E-MAIL ADDRESS:** _____

***** PAYABLE AT TIME OF APPLICATION*****