

INCORPORATED VILLAGE OF LYNBROOK



APPLICATION FOR VEHICLE LICENSE

APPLICATION FEE _____
LICENSE # _____
DATE ISSUED _____

1. NAME OF OWNER OF VEHICLE _____
2. ADDRESS _____
3. MAKE OF VEHICLE _____ YEAR OF VEHICLE _____
4. LICENSE PLATE # _____ EXPIRATION DATE _____
5. VEHICLE ID # _____
6. NASSAU COUNTY HEALTH DEPT. PERMIT # _____

Signature of Applicant

Sworn to before me this _____
day of _____ 20_____

Notary Public