

CITY OF SOMERVILLE
APPLICATION FOR LOADING ZONE

Business #1 _____

Address _____ Phone # _____

Contact _____

General Use of Business _____ Total Number of Weekly Deliveries _____

Delivery Days: ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Delivery Times: from _____ to _____ Size of Delivery Vehicle: _____

Business #2 _____

Address _____ Phone # _____

Contact _____

General Use of Business _____ Total Number of Weekly Deliveries _____

Delivery Days: ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Delivery Times: from _____ to _____ Size of Delivery Vehicle: _____

Business #3 _____

Address _____ Phone # _____

Contact _____

General Use of Business _____ Total Number of Weekly Deliveries _____

Delivery Days: ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Delivery Times: from _____ to _____ Size of Delivery Vehicle: _____