

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF EDGARTOWN
BUSINESS CERTIFICATE

FILED: _____

Fee Paid: \$ 40.00 _____

EXPIRES: _____

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business _____

Location _____ Edgartown, Massachusetts

Mailing Address _____ Business Telephone _____

is conducted by the following named individual(s):

1. Name (Printed) _____ Signature _____

Home Address _____
Street Town State Zip

Mailing Address _____
Street Town State Zip

Home Telephone _____

2. Name (Printed) _____ Signature _____

Home Address _____
Street Town State Zip

Mailing Address _____
Street Town State Zip

Home Telephone _____

THE COMMONWEALTH OF MASSACHUSETTS

_____, 20 _____

Dukes ss

Personally appeared before me the above named:

1. _____

Signature

2. _____

Title: Town Clerk/Assistant Clerk or Notary

and made oath that the foregoing statement is true.

My Commission Expires

A certificate issued in accordance with this section shall be in force and effect for four (4) years from the date of issue and shall be renewed for each four (4) years thereafter, so long as such business shall be conducted.

_____, 20 _____

The following information is for the use of the Edgartown Police and Fire Department in the event if an emergency at your business location. Please notify them of any changes in this information:

Name	Address	Telephone Number
.....		

I certify under penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid all state taxes required under the law.

Signature of Individual

By: Business Owner

Social Security Number

Federal Identification Number

This license will NOT be issued unless the certification clause is signed by applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine where you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing of delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C.62C S.49A.

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Edgartown, Massachusetts _____ 20 _____ at _____ o'clock ____M
recorded and entered with records in Town Clerk's Office,

BOOK _____ PAGE _____

Attest _____
Town Clerk or Assistant Town Clerk