



THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

_____, 20__

In conformity with the provisions of chapter one hundred and ten, section five, of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

_____ at
(Name of Business)

(Business Address)

Business Phone: _____

By the following named person(s): (Include title, if corporate officer)

Full Name	Residence
_____	_____
_____	_____
_____	_____
_____	_____

Signatures:

The Commonwealth of Massachusetts

_____ ss _____, 20__

Personally appeared before me the above-named _____

and made oath that the foregoing statement is true.

ID Presented: Driver's License: _____ (Signature)

Other: _____ (Title)

In accordance with the provision of Chapter 337 of the acts of 1985 and Chapter 110, Section 5 of Mass. General Laws. Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of this certificate shall be available at the address at which business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from this business.

Violations of Chapter one hundred and ten, Section five of the General Laws, as amended are subject to a fine of not more than (\$300) for each month during which violation continues.

Business Certificate Expires: _____, 20__

TAX FORM

APPLICANT NAME: _____

I certify under penalties of perjury that the above named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (if corporation)

Social Security# (if individual)

Federal Identification Number (FID# if Corporation or Non Profit#)

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

Your Social Security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws C. 62c s.49A.