

COMMONWEALTH OF MASSACHUSETTS TOWN OF SCITUATE **BUSINESS CERTIFICATE**

FILING DATE: _____

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

	<u>TAX I.D. #</u>
at	Phone #
(Street Address)	
(Mailing Address)	
Type of Business	
BY THE FOLLOWING NAMED PERSON (S): FULL NAME STREET	(INCLUDE CORPORATE NAME AND TITLE, IF CORPORATE OFFICER) ADDRESS MAILING ADDRESS
SIGNATURES:	
ONthe above that the foregoing statement is true.	re named person(s) personally appeared before me and made oath
IDENTIFICATION PRESENTED (SOCIAL SECURITY N	IUMBER)
(SEAL)	NOTARY PUBLIC
	COMMISSION EXPIRATION DATE
Business Certificate Expires	
MASSACHUSETTS GENERAL LAWS, <u>BUSINESS CER</u> ISSUE AND SHALL BE RENEWED EACH FOUR YEAR	TER 337 OF THE ACT OF 1985 AND CHAPTER 110, SECTION 5 OF RTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF RS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.
VIOLATIONS ARE SUBJECT TO A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS (\$300.00) FOR EACH MONTH DURING WHICH SUCH VIOLATION CONTINUES.	
CERTIFICATION CLAUSE: I certify under the penalties of perjury that I, to t taxes required under law.	the best of my knowledge and belief, have filed all state tax returns and paid all state
*Signature of Individual or Corporate Name (Mandatory)	By: Corporate Officer (mandatory if applicable)

**Social Security Number (voluntary) or Federal ID Number

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

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether 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 G. L. Cha 62C, S. 49A