

The Commonwealth of Massachusetts

Town of Bellingham

Date: _____

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 under the title of

Name of Business _____

is conducted at (Street number and name) _____

Town of Bellingham _____

by the following named persons. ***The signatories below acknowledge this certificate is not proof of conformity to Zoning by-laws or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and the Health Agent in order to comply with Town by-laws, rules and regulations. This certificate and the information contained thereon is public information and, as such, may be shared with others on request.***

FULL NAME _____

RESIDENCE MAILING ADDRESS _____

Signed _____

X _____

NOTARY: The Commonwealth of Massachusetts
Bellingham, ss.

Before me personally, appeared the above named _____

and made oath that the foregoing statement is true on this day _____

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 each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Name of Notary witnessing oath _____

STAMP / SEAL _____

Signature _____

Notary Expiration Date _____



Office Of The Town Clerk Town Of Bellingham
10 Mechanic St., MA 02019-3150 □ Telephone: 508 657-2830 □ Fax: 508 657-2832

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

* Signature of Individual

By: Corporate Officer

Home Telephone Number

Email address

Date

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