

# 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

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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.