

# TOWN OF NATICK, MASSACHUSETTS

## BUSINESS CERTIFICATE (D/B/A)

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER ONE HUNDRED AND TEN, SECTION FIVE, OF MASS. GENERAL LAWS, AS AMENDED, THE UNDERSIGNED HEREBY DECLARE(S) THAT A BUSINESS IS CONDUCTED UNDER THE TITLE OF:

\_\_\_\_\_ *name of business*

\_\_\_\_\_ *address of business*

BY THE FOLLOWING NAMED PERSON(S): *(If business is owned by a Corporation, must list Corporate Name and Address)*

FULL NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNATURE(S):** *must be signed in the presence of a Notary Public, or representative of the Natick Town Clerk's Office (if business is owned by a Corporation, signature of Corporate Officer & Title must appear below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====  
=====

ON \_\_\_\_\_ THE ABOVE NAMED PERSON(S) PERSONALLY  
APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING STATEMENT IS TRUE.

(SEAL) \_\_\_\_\_  
COMMISSION EXPIRATION DATE \_\_\_\_\_ NOTARY PUBLIC OR TOWN CLERK'S OFFICE \_\_\_\_\_

IDENTIFICATION PRESENTED:  
DRIVER'S LICENSE# \_\_\_\_\_  
OTHER \_\_\_\_\_

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985, AND MGL CH. 110, SECTION 5, 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 SUCH CERTIFICATES SHALL BE AVAILABLE AT THE ADDRESS AT WHICH SUCH BUSINESS IS CONDUCTED AND SHALL BE FURNISHED UPON REQUEST DURING REGULAR BUSINESS HOURS TO ANY PERSON WHO HAS PURCHASED GOODS OR SERVICES FROM SUCH BUSINESS. VIOLATIONS ARE SUBJECT TO A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS (\$300) FOR EACH MONTH DURING WHICH SUCH VIOLATION CONTINUES.

CERTIFICATE EXPIRES ON: \_\_\_\_\_

**I Certify under the penalties of perjury, and to the best of my knowledge and belief, that I have filed all State Tax Returns and paid State taxes as required under the law.**

\_\_\_\_\_  
**\*SIGNATURE OF INDIVIDUAL OR CORPORATE NAME**  
(mandatory)

\_\_\_\_\_  
**By: CORPORATE OFFICER**  
(mandatory, if applicable)

\_\_\_\_\_  
**\*\*SOCIAL SECURITY NUMBER (voluntary), OR**  
**FEDERAL IDENTIFICATION 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 Mass. Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing status or delinquency will be subject to license suspension or revocation. This request is made under the authority of MGL, CH. 62C, Section 49A.**