

BUSINESS CERTIFICATE  
**The Commonwealth of Massachusetts**  
Town of Phillipston

No. \_\_\_\_\_

Date: \_\_\_\_\_

**In conformity with the provision of Chapter One Hundred and Ten (110), Section Five (5) of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title below, Located as shown, by the following named person or persons:**

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

Address: \_\_\_\_\_

Phillipston, Ma 01331

CITY OR TOWN

\_\_\_\_\_  
( BUSINESS PHONE)

**by the following named person or persons.**

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(RESIDENCE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(RESIDENCE)

\_\_\_\_\_  
(SIGNATURE)

**Identification Present:** Driver's License: \_\_\_\_\_ Other: \_\_\_\_\_

In accordance with provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the 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 files 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 on 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.

**Certification Clause:**

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

**The Commonwealth of Massachusetts**

**Worcester County**

**Date:** \_\_\_\_\_

**Personally appeared before me the abobe named:**

\_\_\_\_\_ and made oath that the foregoing statement is true.

**A certificate issued in accordance with this section shall be in force and effect for four 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 renewed.**

\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory if applicable)

\_\_\_\_\_  
\*\*Social Security Number 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 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.

**Expiration Date** \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Karin L. Foley, Town Clerk  
Charlotte Fiandaca, Asst. Town Clerk