

**TOWN OF SUNDERLAND, MASSACHUSETTS
OFFICE OF THE TOWN CLERK**



BUSINESS CERTIFICATE

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 is being conducted in the Town of Sunderland under the

NAME OF BUSINESS: _____
ADDRESS: _____ SUNDERLAND, MA 01375
BUSINESS TELEPHONE #: _____
E-MAIL ADDRESS: _____
NATURE OF BUSINESS: _____

by the following named person(s), including title, if corporate officer.

Print Officer's Full Name	Notarized Signature of Officer
1. _____ Residential Address: _____ City _____ State _____ Zip _____	_____
2. _____ Residential Address: _____ City _____ State _____ Zip _____	_____
3. _____ Residential Address: _____ City _____ State _____ Zip _____	_____

On _____ the above, named person(s) personally appeared before me and made the oath that the foregoing statement is true.

(Seal exp. date) _____ Notary Public _____

Identification of Officers Signature that are notarized:

1. ☐ Drivers License ☐ Passport ☐ Other: _____ ID Number _____
2. ☐ Drivers License ☐ Passport ☐ Other: _____ ID Number _____
3. ☐ Drivers License ☐ Passport ☐ Other: _____ ID Number _____

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

OFFICE USE ONLY Office of the Town Clerk Date Received & Filed: _____ By: _____	Certificate Number: _____ Expiration: _____ Renewal _____ New _____
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