

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF MASHPEE**

DATE _____

Expiration Date: **December 31, 2013**

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

_____ DBA _____ is conducted at

Business Location: _____

Business Mailing Address: _____

Business Type: _____

Business Telephone: _____

by the following named persons:

FULL NAME

RESIDENCE

Home Phone: _____

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

*Signature of authorized agent

*Signature of authorized agent

**Social Security Number (Voluntary)
or Federal Identification Number

In case of emergency

NAME: _____

TELEPHONE NUMBER: _____

Alarm Company: _____

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

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have 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 Massachusetts General Law, Chapter 62C, Section 49A.

The Commonwealth of Massachusetts

BARNSTABLE ss

DATE _____

Personally appeared before me the above-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 so renewed.

Signed _____

Notary Public

SEAL

Commission Expires: