

# Town of Stoneham Business Certificate

Certificate Number: \_\_\_\_\_

This Certificate Expires: \_\_\_\_\_

NEW FILING

RENEWAL

Under the provisions of Chapter One Hundred Ten, Section Five of the General Laws, as amended, the undersigned hereby declares that a business under the title of:

\_\_\_\_\_

(PLEASE PRINT)

is being conducted at: \_\_\_\_\_

\_\_\_\_\_

BY THE FOLLOWING-NAMED  
PERSON (S)

RESIDENCE ADDRESS

FULL NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***IMPORTANT: NOTICE:*** This Certificate expires four years from the date of issue. If you cease conducting business before that time, the law requires that you contact the Town Clerk and withdraw this Certificate.

Contact Telephone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

\_\_\_\_\_

## THE COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

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

Personally appeared before me, the above named \_\_\_\_\_

on this date and made oath that the foregoing statement is true.

\_\_\_\_\_

Notary Public

(Seal)

My Commission expires: \_\_\_\_\_

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I certify under the penalties of perjure that I, to my best knowledge and belief, have filed all tax returns and paid all taxes required under the state law and in doing so acknowledge that any due the Town of Stoneham shall be considered as being covered by the foregoing description as of the date of the signing of the documents which is:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Individual or Corporate name  
**MANDATORY**

\_\_\_\_\_  
By: Corporate Officer  
**MANDATORY (IF APPLICABLE)**

\_\_\_\_\_  
**Federal Identification Number or  
Social Security Number**

Approval of a contract or other agreement will not be granted unless this certification clause is signed by applicant(s)

Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligation. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Massachusetts G.L. c. 62C s. 49A

Address:

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