

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: _____



Town of Stoneham

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

.....
Date:

.....
Signature of Individual or Corporate Name
MANDATORY

.....
By: Corporate Officer (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 obligations. 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 General Law, Chapter 62C, Section 49A.

.....
Business Address: _____
