

Name of Business: _____

Certificate # _____

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

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

*By: Corporate Officer
(Mandatory, If applicable)*

***Social Security # (Voluntary)
or Federal Identification 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 have set 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 authority of Mass. G.L. C.62c S49a.*