

*****Complete this form if the following Applies*****

1. Your no longer in business
2. Your Business relocated to another Town/City.

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF DARTMOUTH
C/O TOWN CLERK=S OFFICE
400 SLOCUM ROAD
DARTMOUTH, MA 02747**

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:

Name of Business

conducted at: _____
Street Address

has _____ Discontinued _____ Change (Location of Business c Outside of Town)

New Location: _____
Street Address, City/Town, State

Owner: _____
Signature _____

Please Print

Date: _____