

NO. _____

**The Commonwealth of Massachusetts
Business Certificate
Dartmouth**

FEE: \$40.00 (FOUR (4) YEARS)

_____ **2009**

Expiration: _____ **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:

Name of Business: _____

Business Address: _____

(Street)

(Zip Code)

Mailing Address: _____

(Street)

(Town/City)

(Zip Code)

Business Telephone: _____

Type of Business: _____

Full Name(Please Print)

Residence

Signature

Signature

Signature

Signature

*THIS CERTIFICATE RECORDS THE NAME OF THE BUSINESS ONLY.
FOR ZONING INFORMATION, SEE BUILDING COMMISSIONER.*

The Commonwealth of Massachusetts

Bristol SS.

,2010

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 every four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

_____ *Notary/Town Clerk My Commission*

(Seal)

Expires: _____

_____, 2009

TO BUSINESS CERTIFICATE APPLICANT,

IT IS THE APPLICANT'S RESPONSIBILITY TO INQUIRE WITH THE BUILDING DEPARTMENT IF THEY ARE IN COMPLIANCE WITH THE ZONING LAW REGULATIONS OR WHETHER AN OCCUPANCY PERMIT IS REQUIRED REGARDING THE ISSUANCE OF THIS BUSINESS CERTIFICATE.

THE TOWN CLERK'S OFFICE WILL RECORD THE NAME OF THE BUSINESS ONLY.

GETTING A BUSINESS LICENSE FROM THIS OFFICE DOES NOT EXEMPT THE APPLICANT FROM ANY VIOLATION OF THE ZONING LAWS.

PLEASE SIGN: SIGNATURE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

TEL#: _____

TOWN CLERK ONLY:

NUMBER OF CERTIFICATE: _____

DATE: _____

BUILDING DEPARTMENT SIGNATURE: _____

BUILDING DEPARTMENT COMMENT: _____

EMERGENCY INFORMATION

In the event of an emergency, the Dartmouth Police Department is requesting the following information so they will be able to contact the appropriate person.

Certificate #: _____

Business Name: _____

Address: _____

Owner's Name: _____

Address: _____

Telephone#: _____

Pager/Cell Phone#: _____

CONTACT PERSON #1

Name: _____

Address: _____

Telephone #: _____

Pager/Cell Phone#: _____

CONTACT PERSON #2

Name: _____

Address: _____

Telephone#: _____

Pager/Cell Phone#: _____

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.*