



Commonwealth of Massachusetts
Town of Shirley

Fee: \$40.00
Expiration Date: _____

BUSINESS CERTIFICATE

Date: _____

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 of

Name of Business: _____ Phone #: _____
(Please indicate if this business is incorporated.)

Nature of Business: _____ is conducted at

Location of Business: _____ Shirley, MA 01464
(Please indicate street address and mailing address if different.)

by the following named person(s):

Full Name

Residential Address, City/Town, Zip Code

_____	_____
_____	_____
_____	_____
_____	_____

Please sign in front of a Notary Public or in front of the Shirley Town Clerk.

_____	_____
<i>(Signature)</i>	<i>(Signature)</i>
_____	_____
<i>(Signature)</i>	<i>(Signature)</i>

Commonwealth of Massachusetts

_____ Date _____
(county)

Personally appeared before me the above-named _____, proved to me through satisfactory evidence of identification, which were _____ and made oath that the foregoing statements are true.

Notary Public/Town Clerk's signature My Commission Expires (If Signed by Notary): _____

Commonwealth of Massachusetts

_____ Date _____
(county)

Personally appeared before me the above-named _____, proved to me through satisfactory evidence of identification, which were _____ and made oath that the foregoing statements are true.

Notary Public/Town Clerk's signature My Commission Expires (If Signed by Notary): _____

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

SEAL

Amy R. McDougall, Shirley Town Clerk

Date of Issue