

FOR OFFICE USE ONLY	
Date:	
Expires:	
Number:	
New	Renewal



Commonwealth of Massachusetts
Town of Hamilton

577 BAY ROAD, HAMILTON, MASSACHUSETTS 01936
978-468-5570, EXT 3

BUSINESS CERTIFICATE

Fee: \$25 payable to Town of Hamilton

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General laws, as amended, the undersigned declares that a business is being conducted under the title of:

Name of Business: _____

Business Address: _____ **Business Phone:** _____

Type of Business: _____ **Cell Phone:** _____

By signing below, the owner acknowledges:

1. That this certificate is not proof of conformity to Zoning Bylaws or Board of Health regulations.
2. That It is the responsibility of the owner to contact the Building Department, Board of Health, and Assessor's Office in order to comply with the Town Bylaws, rules, and regulations.

Building Department - 978-468-5585	Board of Health - 978-468-5579	Assessor's Office - 978-468-5573
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Owner(s) Name <small>(Please Print)</small>	Owner(s) Residence Address <small>(Street, Town, State, Zip)</small>	Owner (s) Signature <small>(Must be signed in the Presence of a Notary or at Town Clerk's Office)</small>

Owner(s) Phone:	Owner(s) Email:

Type of Identification:	
Driver's License Number:	Tax ID Number:
Other:	

This certificate is in effect for four (4) years from the date of issue and will lapse and be void unless renewed. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business or partnership. Copies of certificates shall be made available at the address at which such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business.

The State of *Massachusetts*, County of *Essex*:

On this _____ day of _____, 20_____, before me (the undersigned notary public) personally appeared _____, who proved to me through satisfactory evidence of identification, which was _____, to be the person(s) whose name(s) is/are signed on the preceding document and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

(NOTARY PUBLIC: NAME)

(NOTARY PUBLIC: SIGNATURE)

MY COMMISSION EXPIRES : _____