

TOWN OF MENDON
Business Certificate

CONTACT INFORMATION

BUSINESS NAME:

BUSINESS ADDRESS:

OWNER with Official Title:

RESIDENTIAL ADDRESS (if different from above):

PRIMARY PHONE NUMBER:

EMAIL ADDRESS:

ADDITIONAL OWNER:

RESIDENTIAL ADDRESS (if different from above):

PRIMARY PHONE NUMBER (if different from above):

DESCRIPTION OF SERVICES OFFERED:

DATE: _____

EXPIRES:

BUSINESS CERTIFICATE \$40.00

The Commonwealth of Massachusetts
MENDON

Date

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title

At an address of _____ in the Town of
Mendon, MA 01756

By the following named persons.

FULL NAME

RESIDENCE

Signed:
(Only sign in the presence of a notary or Town Clerk)

Signature

Signature

Signature

Signature

The Commonwealth of Massachusetts

_____ ss. _____, 20_____

Personally appeared before me the above-named _____

and made oath that the foregoing statement is true.

Expiration Date _____

(SEAL)

Title

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the MA General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business or partnership. Copies of such certificates shall be 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. Violations are subject to a fine of not more than \$300.00 for each month during which such violation continues.