



TOWN OF BURLINGTON
Town Clerk's Office

NEW: _____ RENEW: _____

EXPIRES: _____

DATE OF RECORD: _____

FEE: \$40.00 for 4 years

BUSINESS CERTIFICATE

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

Name of Business: _____ Telephone: _____

Business Address: _____

Mailing Address: _____

Nature of Business: _____ Email: _____

By the following named person(s): (Include corporate name, title & address if corporation)

NAME/TITLE

RESIDENCE/ADDRESS

A NOTARY PUBLIC MUST WITNESS SIGNATURES IF NOT SIGNED AT THE TOWN CLERK'S OFFICE

Signature(s):

Printed Name(s):

On _____, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.

(Seal)

Commission Expiration Date

NOTARY PUBLIC

FOR OFFICE USE ONLY:

TOWN CLERK or OFFICE

APPROVAL OF THE SELECT BOARD, TAX COLLECTOR, BOARD OF HEALTH, BUILDING & PLANNING DEPARTMENTS ARE REQUIRED BEFORE A BUSINESS CERTIFICATE CAN BE ISSUED.

Please complete back of application if NEW BUSINESS



BUSINESS CERTIFICATE TOWN DEPARTMENT APPROVAL

You **MUST** obtain approval from the following departments **PRIOR** to being issued a business certificate. It is the responsibility of the Business Owner to apply for such approvals.

Select Board Office: _____ Approved _____ Not Required _____ Initials _____

Tax Collector/Treasurer: _____ Approved _____ Not Required _____ Initials _____

Board of Health: _____ Approved _____ Not Required _____ Initials _____

Building/Zoning Inspector: _____ Approved _____ Not Required _____ Initials _____

Planning Department: _____ Approved _____ Not Required _____ Initials _____

Conditions: _____

STATEMENT OF CHANGE OF NAME, CHANGE OF LOCATION, CHANGE OF RESIDENCE, DISCONTINUANCE WITHDRAWL OR DECEASED FROM BUSINESS OR PARTNERSHIP

To change ownership, the current owner must **DISCONTINUE** the current Business Certificate before the new owner can file a **NEW** Business Certificate

1. _____ BUSINESS NAME _____ LOCATION OF BUSINESS _____ MY RESIDENCE

Has been changed to: _____

2. As owner or officer for: _____

I hereby request a:

_____ DISCONTINUANCE OF THE BUSINESS CERTIFICATE

_____ WITHDRAWL

3. As executor or administrator for the estate of: _____

Who died on: _____

I hereby request a: _____

_____ DISCONTINUANCE OF THE BUSINESS CERTIFICATE

_____ WITHDRAWL OF THE BUSINESS CERTIFICATE

Signature(s):

Printed Name(s):

On _____, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.

TOWN CLERK or OFFICE

(Seal) _____
Commission Expiration Date

NOTARY PUBLIC

