

RENEWAL _____

NEW _____

**BUSINESS CERTIFICATE
THE COMMONWEALTH OF MASSACHUSETTS**

_____ 20 _____

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

Description of business (optional)

is conducted at Number _____ Street

**ARLINGTON
CITY OR TOWN**

by the following named persons.

FULL NAME

RESIDENCE

Signed

(SIGNATURE)

(SIGNATURE)

THE COMMONWEALTH OF MASSACHUSETTS

_____, 20 _____

Personally appeared before me the above-named _____
(Name of Business Owner)

and made oath that the foregoing statement is true.

Certificate Expiration Date: _____ Clerk's signature and title _____

I hereby certify the foregoing to be a TRUE
COPY from the records of the Town Clerk's
Office, Arlington, Massachusetts.

ATTEST: _____
(TOWN CLERK)

Notary Public's Expiration Date: _____