

Commission Expires:

THE COMMONWEALTH OF MASSACHUSETTS

Town of Williamsburg

Doing Business As (DBA) Amendment or Discontinuance \$25.00

______, 20____

Owner Name(s) (Please Print)	Residence Address	
(Please Print)		Signature
	(Street, City, State and Zip Code)	(Sign in Presence of
_		
☐ Business Discontinued		
Date Discontinued.		
☐ Change of Business Addr	ress	
	s Address:	
in the Town of Williamsburg,	, MA.	
Change of Ownership and	d/on Owner Pecidense	
☐ Change of Ownership and The above signed hereby decl	lare(s) that	has/have
this day (check one) □ Resign	$\underline{\text{ned}} \text{ or } \underline{\text{Retired From}} / \square \underline{\text{Withdrawn From}} \text{ the above}$	ove-named business.
☐ Owner Deceased	Will Free C'	
Executor or Administrator of	Will or Estate Signature:	******
County of	The State ofss.	
		dersigned notary public,
personally appeared		
	tisfactory evidence of identification, which were_	
who proved to me through sat		,
who proved to me through sat to be the person(s) whose nan	tisfactory evidence of identification, which were_	nd who swore or affirmed to