

**Commonwealth of Massachusetts
Town of Williamsburg
Business Certificate**

New Filing_____ **Renewal**_____ Date: _____

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:

Is conducted at _____

By the following named person(s):

Full Name (print)

Residence

Social Security # _____ / _____ / _____ Or Federal ID # _____ / _____

NUMBER OF EMPLOYEES: _____ (Proof of State Workers Compensation Insurance is required if you have employees, the Town will not accept an application without proof of Workers Compensation Insurance)

Signed:

Contact Telephone: _____

Type of Business: _____

Commonwealth of Massachusetts

_____, ss

_____, 20 ____

Then personally appeared the above-named _____
And made oath that the foregoing statement is true.

A certificate issued in accordance with this section shall be in force and effect for four (4) years from the date of issue and shall be renewed each four years thereafter so long as said business shall be conducted and shall lapse and be void unless renewed. If you cease conducting business before that date, the law requires that you contact the City Clerk and file a withdrawal certificate.

Certificate Expiration Date: _____

Notary or Town Clerk Signature

Notary Expiration: _____