

No: _____

**The Commonwealth of Massachusetts
Business Certificate
Town of Marion**

Fee: \$20 (Four Years)

_____, Expiration: _____,

In conformity with the provisions of Chapter one hundred ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) a business under the title:

Name of Business: _____

Business Address: _____
(Street) (Town) (Zip)

Mailing Address: _____
(Street) (Town) (Zip)

Business Telephone: () _____

Type of Business: _____

Signature

Print Name

Signature

Print Name

The Commonwealth of Massachusetts

Plymouth ss Date: _____

Personally appeared before me 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 years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration Date:

(Seal)

Signature

Title