Fee: $20 (Four Years) No:_____

The Commonwealth of Massachusetts
Business Certificate
Town of Marion

Issue Date:_____ Exp:_____

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

Business Entity:_____

Doing Business As:_____

Business Address:_____

Mailing Address: (if different)_____

Business Phone: ( ) _____ Type of Business:_____

The full name of each person conducting such business:

_____
Signature Print Name Address

_____
Signature Print Name Address

The Commonwealth of Massachusetts
Plymouth, ss. Date:_____

Personally appreared 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 lang as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration date of Notary (if notarized) _____
Signature

_____

_____
Title

(SEAL)