



TOWN OF DUDLEY, MASSACHUSETTS OFFICE OF THE TOWN CLERK

BUSINESS CERTIFICATE – FILING FEE \$25.00

Certificate # _____

Certificate Expires On: _____

New Business Renewal Amendment

Under the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, as amended, the undersigned hereby declares that a business under the title of:

_____ is being conducted at:

(Please Print Clearly)

DUDLEY MA 01571

(P.O. Box not permitted)

(Town)

(State)

(Zip)

_____ Business Email

_____ Business Phone

By the following individual (s) or Corporation
Print Full Name(s)

Corporation or Residential Address
(P.O. Box not permitted)

Signatures: _____

On this the ____ day of _____, 2020, before me, the undersigned Town Clerk or Asst., personally appeared

_____, proved to me through satisfactory evidence of identification, which was
(name)

_____ to be the person(s) who signed the preceding document in my presence, and who swore or affirmed to me that the
(id type)
contents of this document are truthful and accurate to the best of his/her knowledge and belief.

Town Seal/Stamp

Signature: _____
Town Clerk / Assistant Town Clerk/Notary

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the town clerk upon discontinuing, retiring or withdrawing from such business or partnership. Certain businesses may need written approval from Board of Health, Selectmen's office, etc.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine or not more than three hundred dollars (\$300) for each month during which such violations continued. Certain businesses may need approval from Board of Health as well.