

Fee: \$30.00

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

Certificate Number: 16-_____
Expiration date: _____

Date of Issuance: _____

In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: _____

Please indicate if this business is incorporated

Nature of Business: _____ **is conducted at**

Physical Location of Business: _____

(please indicate street address and mailing address if different)

by the following named persons or corporation (if corp., include the title of the corporate officer signing).

Full Name(s)

Present Address

_____	_____
_____	_____
_____	_____
_____	_____

Please sign in front of a Notary Public or a member of the Town Clerk's Office staff.

_____	_____
<i>Signature</i>	<i>Signature</i>
_____	_____
<i>Signature</i>	<i>Signature</i>

Commonwealth of Massachusetts

County Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature My Commission expires: _____

County Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature My Commission expires: _____

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.

(Seal)

Town Clerk

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