

TOWN OF WESTWOOD 580 High Street Westwood, MA 02090 BUSINESS CERTIFICATE (D/B/A)

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TOWN BOUT	Filing Date			
		Renewal		
		Expiration Date		
In conformity with the provisions of Cha Massachusetts General Law, as amended title of	, the undersigned her	eby declare(s) that a business under the		
DBA Business nam	e			
A J.J		in the Town of Westwood, MA.		
by the following named persons:				
Full name	Tax ID Number	Residence		
1.				
2.				
3.				
1. SIGNATURE	3	GNATURE		
SIGNATURE A certificate issued in accordance with this issue and shall be renewed each four years and be void unless so renewed.	section shall be in force thereafter so long as su	ce and effect for four years from the date of ch business shall be conducted and shall lapse		
Description of Business				
Business Phone Number				
The Commonwealth of Massachusetts County of				
On this day of	, 20 t	who proved to me through to be the person(s) whose name(s) is/are		
signed on the preceding document, and who saccurate to the best of (his) (her) knowledge and	swore or affirmed to me	that the contents of the document are truthful and		
(Seal)	-			
	-	(NOTARY PUBLIC/TITLE)		
This section is to be executed by a Notary Public OF	R a representative of the Office	ce of the Town Clerk.		

<u>Please be advised:</u> The issuance of a Business Certificate (D/B/A) by the Town Clerk does not certify or imply that the business registered thereunder is in conformance with applicable local, state or federal laws or regulations. It shall be the responsibility of the business owner to demonstrate compliance with all Town of Westwood Building, Zoning, Health, and Licensing requirements.

Town Clerk's office



TOWN OF WESTWOOD

COMMONWEALTH OF MASSACHUSETTS

Business Name: Business Address: Mailing Address: (if different from above) City, State Zip				
Who is the main contact? Phone Number:				
Email and / or website addre	ss:			
What is the core function of	your business?			

What address do you want m	ade public?			
Is there anything else you wo	ould like residents	to know about	your business'	?
I certify all the above information	is correct and true			
Signature			Date	
Print Name				

REVENUE ENFORCEMENT & PROTECTION ATTESTATION (REAP FORM)

MASSACHUSETTS DEPARTMENT OF REVENUE

Pursuant to M.G.L. c. 62C § 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all state tax returns and paid all state taxes required under law and I have complied with all laws of the Commonwealth for taxes.

Social Security Number or Tax Identification Number, if sole proprietor;

OR Federal Identification Number, if a corporation

(one or the other is required)

Signature and title of individual owner, if a sole proprietor;

OR Name of corporation, if a corporation

(one or the other is required)

Signature and title of corporate officer, if a corporation

This information will be furnished to the Massachusetts Department of Revenue to determine whether you have filed all state tax returns, paid all state taxes required under law and complied with all laws of the Commonwealth relating to taxes. Licensees or registrants who fail to correct their non-filing, delinquency status, or who are not in compliance with all laws of the Commonwealth relating to taxes will be subject to license or registration suspension or revocation under M.G.L. c. 62C. § 49A.

Last modified: 10/18/2013