# BUSINESS CERTIFICATE

## City of Newburyport

NEW FILING _____ EXPIRATION DATE: _____
RENEW _____ FILING FEE: $35.00

In conformity with the provisions of Chapter One Hundred and Ten, section Five of the General Laws, as amended, the undersigned hereby declares that a business is conducted under the title of: (PLEASE PRINT)

(Name of Business) (Type of Business/Industry)

(Newburyport Business Address) (Telephone)

By the following names person(s): (include corporate name and title of corporate officer)

NAME (S) RESIDENCE ADDRESS

_____ _____

_____ _____

Signature(s): _____ _____

(Sign/Print) _____ _____

***A NOTARY PUBLIC MUST WITNESS SIGNATURES IF NOT SIGNED AT THE CITY CLERK'S OFFICE.***

The Commonwealth of Massachusetts

**County: _____**

On _____, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

_____
City Clerk/Assistant City Clerk or

(Seal) _____ _____
Commission Expiration Date Notary Public

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 City Clerk upon discontinuing, retire or withdrawing from such business or partnership.

**THE COMMONWEALTH OF MASSACHUSETTS**
**STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF BUSINESS, WITHDRAWAL OR DECEASED FROM BUSINESS OR PARTNERSHIP**

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1) IN CONFORMITY WITH THE PROVISIONS OF CHAPTER 110, SECTION 5 OF THE MASS. GENERAL LAWS, THE UNDERSIGNED HEREBY DECLARE THAT i/(WE) HAVE THIS DAY:

_____DISCONTINUED _____WITHDRAWN FROM

THE BUSINESS KNOWN AS:

_____

CONDUCTED AT: _____

AS SET FORTH IN THE CERTIFICATE FILED ON: _____

NAME ADDRESS

_____ _____

_____ _____

_____

2) _____THE LOCATION OF THE BUSINESS _____MY RESIDENCE AS IT APPEARS:

HAS BEEN CHANGED TO: _____

_____

3) AS EXECUTOR OR ADMINISTRATOR FOR THE ESTATE OF: _____
WHO DIED ON: _____. I HEREBY REQUEST A:

_____ DISCONTINUANCE OF THE BUSINESS CERTIFICATE..

_____ WITHDRAWAL OF HIS/HER NAME FROM THE BUSINESS CERTIFICATE.

_____

SIGNATURE (S) : _____ _____

_____ _____

ON_____THE ABOVE NAMES PERSON (S) PERSONALLY APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING STATE MENT IS TRUE.

_____
CITY CLERK/ASST. CITY CLERK

(SEAL) _____ _____
COMMISSION EXPIRATION DATE NOTARY PUBLIC