



BUSINESS CERTIFICATE

City of Newburyport

NEW FILING _____
RENEW _____

EXPIRATION DATE: _____
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)

(Email Address)

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

PRINT NAME (S)

RESIDENCE ADDRESS

Signature(s): _____

***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**

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