



THE COMMONWEALTH OF MASSACHUSETTS
Town of Ashland

Assessor: _____
Development Office: _____
EDIC Office: _____
Health Office: _____

BUSINESS CERTIFICATE (DBA)
Fee: \$40.00

_____, 20____
(Date received in Town Clerk's Office)

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

Business Name: _____ is conducted at

Business Address: _____ in the Town of Ashland, MA
(NO P.O. BOX ALLOWED)

Corporation Name (if applicable): _____
by the following named persons.

Owners/Officers of Corp. Name (please print)	Residence Address (Street, City, State, Zip Code)	Signature (Sign in presence of notary)
1.		
2.		
3.		

Description of Business: _____

Phone Number: _____

Email Address: _____

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 MOVING, DISCONTINUING, RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.** VIOLATIONS ARE SUBJECT TO A FINE OF \$25 FOR EACH MONTH DURING WHICH SUCH VIOLATION CONTINUES.

Personally appeared before me the above named _____
and made oath that the foregoing statement is true.

(SEAL) _____

Town Clerk or Notary Public



DO NOT COMPLETE THIS SECTION - FOR OFFICE USE ONLY

Census: _____
Date Filed: _____

Payment: Check/Cash/Credit

***** THIS CERTIFICATE EXPIRES: _____, 20____**