



TOWN OF CHILMARK
BUSINESS CERTIFICATE APPLICATION

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

Name of Business: _____

Business Location: _____ Chilmark, MA

Mailing Address: _____

Business Telephone: _____ Business Email: _____

Is conducted by the following named person (s).

1. Name: _____ Signature: _____

Home Address: _____

Mailing Address: _____ Home Telephone: _____

2. Name: _____ Signature: _____

Home Address: _____

Mailing Address: _____ Home Telephone: _____

The Commonwealth of Massachusetts County of Dukes County ss

_____, 20 _____

Personally appeared before me the above named:

1. _____

Signature of Clerk or Notary

2. _____

And made oath that the foregoing statement is true.

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 for each four years thereafter so long as such business shall be conducted.

My commission expires: _____, 20 _____

Instructions for Business Certificate Application

Please fill out this form and return to Chilmark Town Clerk along with a check made payable to the Town of Chilmark (in the amount \$10.00). Once received, your certificate will be mailed to your business mailing address (unless otherwise specified).

If you have any questions, please call (508) 645 – 2107, Monday – Friday, 8:00 a.m. – 12:00 p.m. or email jbradlee@ci.chilmark.ma.us