



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 _____

Chilmark Town Clerk, P.O. Box 119, Chilmark, MA 02535 Phone: 508.645.2107 Email: townclerk@chilmarkma.us

☐ Mailed In/No Identification Provided