

The Commonwealth of Massachusetts Town of Nantucket

_____, 2015

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

_____ name of business

_____ is conducted at

_____ CITY OR TOWN

by the following named persons. *The signatories below acknowledge this certificate is not proof of conformity to Zoning by-laws or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and the Health Agent in order to comply with Town by-laws, rules and regulations. This certificate and the information contained thereon is public information and, as such, may be shared with others on request.*

FULL NAME RESIDENCE & MAILING ADDRESS

Signed

The Commonwealth of Massachusetts Nantucket, ss.

Before me personally, appeared the above named _____

and made oath that the foregoing statement is true on this day _____

A certificate issued in accordance with this section shall be in force and effect for four (4) years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Certificate Expiration Date _____
(4 years from date of filing)

Name of agent witnessing oath

Signature

Title



Office Of The Town Clerk Town Of Nantucket

16 Broad Street, Nantucket, MA 02554-3590 * Telephone: 508 228-7216 * Fax: 508 325-5313

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

* Signature of Individual

By: Corporate Officer

Home Telephone Number

Email address

Date

* This license will not be issued unless this certification clause is signed by the applicant.