



BUSINESS CERTIFICATE

City of Newburyport

NEW FILING _____
RENEW _____

EXPIRATION DATE: _____
FILING FEE: \$30.00

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)

(Newburyport Address)

(Telephone)

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

NAME (S)

RESIDENCE ADDRESS

Signature(s): _____

(Sign/Print) _____

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_____ DISCONTINUED _____ WITHDRAWN FROM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