Instructions

- Please Notarize the Business Certificate before returning
- Remember to fill out and include the tax requirement clause form
- The filling fee is $25.00 and the certificate is good for 4 years
- Please mail checks and return forms to:

Rachael B. Armstrong

Town Clerk

32 Main Street

Lee, MA 01238

If requesting a certificate to be returned by mail, please include a postage paid envelope.

Any questions, please call Rachael at 413-243-5505 or email rarmstrong@town.lee.ma.us

THE COMMONWEALTH OF MASSACHUSETTS
Town of Lee

BUSINESS CERTIFICATE (DBA)
$25.00

Date_____

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 Lee, MA
by the following named persons.

Owner Name(s) (Please Print)	**Residence Address** (Street, City, State and Zip Code)	**Signature** (Sign in Presence of Notary or Clerk)
1.		
2.		
3.		

Description of Business: _____
Phone Number: _____
Email Address: _____

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 each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

*Notary not required if signed in front of Town Clerk.
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The State of _____
County of _____ ss.

On this _____ day of _____, 20___, before me, the undersigned notary public, personally appeared _____who proved to me through satisfactory evidence of identification, which were _____, to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.

(NOTARY SEAL)

_____
(NOTARY Please Print Name)

_____
(NOTARY Signature)

Commission Expires:_____

Town Clerk Use Only
Expiration Date: _____ Book_____ Page_____

_____

Town of Lee

Town Clerk
Memorial Hall - 32 Main Street
Lee, Massachusetts 01238

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

Signature

By: Corporate Officer

Social Security # or FID #

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

Your SS# or FID# will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing status will be subject to license suspension or revocation. This request is made under authority of Massachusetts General Law, Chapter 62C, Section 49A.

Telephone (413) 243-5505 *Fax (413) 243-5507*