The Commonwealth of Massachusetts Expiration Date

TOWN OF AUBURN Fee: $60.00

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

Corporate or Alternate Name: _____

DBA Name In Town _____

is conducted at _____ , Auburn, MA, by the following named persons. (Include corporate name and title, if applicable).

Full Name Residence/Corp Office

_____

_____

_____

_____

Signed:

_____

(Signature) (Signature)

_____

(Signature) (Signature)

Full Description of the Business

_____

The Commonwealth of Massachusetts

State

(Date)

County

Personally appeared before me the above named person(s) and made oath that the foregoing statement is true.

Seal

(Title)

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.

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(s) that we (I) 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☐ Discontinued ☐ Withdrawn from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/name of ☐ the business ☐ my residence as it appears on the business certificate of

☐ my last name as it appears on the business certificate of

_____

filed on _____

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

filed on _____ in the name of _____

_____

****

SIGNATURE(S):

_____ _____

_____ _____

ON _____ THE ABOVE NAMED PERSON(S) APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING STATEMENT IS TRUE.

_____

SEAL _____

TITLE

TOWN OF AUBURN

Ginger Buteau
INTERIM TOWN CLERK
ELECTIONS ADMINISTRATOR
104 CENTRAL STREET
AUBURN, MA 01501
508-832-7701
Fax 508-832-4192
gbuteau@town.auburn.ma.us

BUSINESS CERTIFICATE
DISCLAIMER FORM

I understand that the business certificate that I am filing with the Auburn Town Clerk's Office is not a license to do business nor does it give permission to operate within a particular zone. This business certificate also known as a D/B/A or a fictitious name certificate is a requirement of the State Consumer Protection Law MGL., Ch 110, Sec.5.

I further understand that it is my responsibility to contact the Code Enforcement Office (Building Inspector) to determine whether any other permits, variances or licenses are required by the Town Of Auburn and to obtain the proper permits, variances, or licenses before doing business at the address stated on the business certificate.

_____

Company Name Date

I have read and understand the above information.

_____

Signature Signature

_____

Signature Signature