



The Commonwealth of Massachusetts

City of North Adams

**BUSINESS CERTIFICATE**

Fee Paid \$35.00 (4 Years)
Date Issued: _____
Expire Date: _____

In conformity with the provisions of Ch 100 section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ is conducted at

Business Location: \_\_\_\_\_, accepting mail at

Mailing Address (if different): \_\_\_\_\_, or via email/phone at

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

by the following persons:

<u>Owners Full Name</u>	<u>Owners Resident Address</u>

The signatories below acknowledge this Certificate is not proof of conformity to Zoning by-laws of Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and Health Agent in order comply with City by-laws, rules and regulations.

**Owner Signatures Below - Sign ONLY in the PRESENCE of Notary Public OR the City Clerk**

*Signed under penalties of perjury:*

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Berkshire County, ss THE COMMONWEALTH OF MASSACHUSETTS** Date: \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_, proved through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person(s) whose names(s) is/are signed on the preceding documents, and who swore of affirmed to me tha the contents of the document are truthful and accurate to the best of their knowledge and belief.

(City Seal) (Notary Seal)

Notary Expires \_\_\_\_\_

\_\_\_\_\_  
City Clerk

Notary Public \_\_\_\_\_