The Commonwealth of Massachusetts

City of North Adams

BUSINESS CERTIFICATE

Fee Paid $45.00 (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:

Owners Full Name	Owners Resident Address

The signatories below acknowlege this Certificate is not proof of conformity to Zoning by-laws of Board of Health regulations. It is the reponsibiliry 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 _____