



TOWN OF WILMINGTON

**121 GLEN ROAD
WILMINGTON, MA 01887**

THE OFFICE
OF TOWN CLERK
Website: www.wilmingtonma.gov

VOICE (978) 658-2030
FAX (978) 657-7564

Business Certificate – Notary Form

Number: _____

Date: _____

In conformity with the provisions of MGL Chapter 110, Section 5, as amended, the undersigned hereby declare (s) that a business under the title of

Name of Business Telephone #

Type of Business

Address of Business

Wilmington, Massachusetts by the following named persons:

Full Name: _____ **Home Phone:** _____

Home Address: _____ **Email Address:** _____

Signed: _____

Signature Signature

The Commonwealth of Massachusetts

_____, ss _____, 20____

Personally appeared before me the above-named _____

and made oath that the foregoing statement is true.

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.

Business Certificate Expiration Date: _____ Notary _____

New ___ Renew ___ Change of owner/partner _____

Expiration Date: _____