



The Commonwealth of Massachusetts
Town of Southborough

Filing Date: _____

Expires on: _____

BUSINESS CERTIFICATE

Complete this form at the Town Clerk's office or in front of a notary public.

In conformity with M.G.L Ch. 110, § 5, the undersigned declare(s) that a business under the title of:

Name of Business: _____

Corporate Name: _____ is conducted at

Southborough address: _____, accepting mail at

Mailing Address (if different): _____

Email Address: _____

Phone # _____

Type of Business: _____

By the following person(s):

Sign ONLY in the presence of a Notary Public or the Town Clerk.

Signed under the penalties of perjury.

* If a corporate officer, include the title of the signing officer.

Owner(s) Full Name *	Residential Address	Signature

State: _____ Date: _____

Personally appeared before me the above-named _____,
proved through satisfactory evidence of identification, which was _____, 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 their knowledge and belief.

Notary Public: _____

(Town Seal)

(Notary Seal)

Town Clerk

Notary expires: _____

*This certificate is valid for four years from the date of issue and **MUST be renewed every four years** as long as the business remains active.*

To record any changes in this information please come to the Town Clerk's Office.