



BUSINESS CERTIFICATE
The Commonwealth of Massachusetts
Town of Plympton

Date: _____
Business Certificate #: _____
Type of Business: _____

In conformity with the provisions of Chapter One Hundred Ten, Section 5 of the MA General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

_____ is conducted at

Plympton, MA 02367
Telephone: _____
by the following named persons:

FULL NAME

RESIDENCE

(Signature)

(Signature)

The Commonwealth of Massachusetts

Plymouth

ss.

Date: _____

Business Certificate #: _____

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 so long as the business shall be conducted and shall lapse and be void unless so renewed.

Zoning Enforcement Officer

Expiration Date: _____

Date

Tara J. Wick, Town Clerk