



THE COMMONWEALTH OF MASSACHUSETTS TOWN OF PEMBROKE BUSINESS CERTIFICATE

NEW _____ RENEW _____

**CLERK'S OFFICE
USE ONLY**

RECORD #: _____

Tax ID #: _____

DATE: _____

CERTIFICATE EXPIRATION DATE: _____

The signatories below acknowledge this certificate is not proof of conformity to zoning bylaws, Select Board or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector, Select Board's Office and the Health Agent in order to comply with Town bylaws, rules and regulations. 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 such business shall be conducted and shall lapse and be void unless so renewed. It is the responsibility of the business owner to renew this certificate prior to expiration. Please notify this office in writing of any change or discontinuance of this business. In conformity with the provisions of Chapter 110, Sec 5 of the Massachusetts General Laws, as amended, the undersigned hereby declare that the following business is based in

Pembroke:

Name of Business: _____

Address of Business: _____

Mailing Address if different: _____

Type of Business: _____

Name of Owner(s): _____

Business Phone: _____

Owner's Phone: _____

Email: _____

Website: _____

Owner's Signature: _____

(must sign in the presence of Notary or Town Clerk)



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I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

I understand that this Business Certificate does not confer any required approval for conducting this business at the address provided. Zoning compliance may only be determined and issued by the Planning Board or Zoning Board of Appeals and enforced by the building inspector. In addition, I understand that this certificate is merely a registration of my business name and any necessary licenses or permits to conduct this business at this address are my responsibility. Any violation of bylaw, zoning or license requirements are cause for revocation of this business certificate and any further action allowed by law.

Owner's Signature: _____

(must sign in the presence of Notary or Town Clerk)

The Commonwealth of Massachusetts

Plymouth, ss.

On this, the _____ day of _____, 20____, the above-named _____

personally appeared before me and proved their identity through satisfactory means which was

_____, and made oath that the foregoing statement is true.

Town Clerk (or Notary Public)

(seal)

Notary Commission Expiration Date