



Commonwealth of Massachusetts

**Town of Randolph**

**BUSINESS CERTIFICATE/DBA**

*In conformity with the provisions of Ch. 110, §5 of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of:*

Date: \_\_\_\_\_

New:

Renewal:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Owner(s) Name	Home Address	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*If a corporation is the owner, provide the corporate name and address, plus the name and title of the signing officer.

**Sign below, in the presence of a Notary Public or Town Clerk's Office**

The signatories below acknowledge this Business Certificate is not a license to operate a business. In addition, it is not proof of conformity to Board of Health regulations and/or Zoning and Town Ordinances. It is the Applicant's responsibility to contact the Building Inspector, Town Council and/or Health Agent in order to comply with ordinances, rules and regulations.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_

OR Business Tax ID Number \_\_\_\_\_

**ACKNOWLEDGEMENT**

Commonwealth/State of \_\_\_\_\_ Date: \_\_\_\_\_  
County \_\_\_\_\_

Then personally appeared \_\_\_\_\_  
proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ to be the  
person(s) whose name is signed on this document, and acknowledged to me that it was voluntarily signed for its stated  
purpose.

Notary Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

In accordance with Mass. General Law, Chapter 110, §5, this Business Certificate shall be in effect for four (4) 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. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, renaming, or withdrawing from such business or partnership.

Town Clerk: \_\_\_\_\_ Certificate Expires: \_\_\_\_\_