

CERTIFICATE NUMBER: _____

THE COMMONWEALTH OF MASSACHUSETTS



TOWN OF NORTH ANDOVER - TOWN CLERK

BUSINESS CERTIFICATE

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER 110 SECTION 5 OF M.G.L., AS AMENDED, THE UNDERSIGNED HEREBY DECLARE(S) THAT A BUSINESS UNDER THE TITLE OF:

IS CONDUCTED AT: _____

IN THE TOWN OF NORTH ANDOVER, MASSACHUSETTS BY THE FOLLOWING PERSONS:

(Name) (Residence)

(Name) (Residence)

(Name) (Residence)

SIGNED:

(Signature) (Signature)

(Signature) (Signature)

ESSEX COUNTY

(Date)

PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED: _____

AND MADE OATH THAT THE FOREGOING STATEMENT IS TRUE

CERTIFICATE EXPIRES: _____

Joyce A. Bradshaw, Town Clerk

TOWN OF NORTH ANDOVER
OFFICE OF
TOWN CLERK
120 MAIN STREET
NORTH ANDOVER, MASSACHUSETTS 01845



Joyce A. Bradshaw, CMMC
Town Clerk

Telephone (978) 688-9501
FAX (978) 688-9556

DATE: _____

BUSINESS CERTIFICATE NUMBER

Business Name: _____

Social Security # or Tax ID #: _____

Property Owner: _____ Tenant: _____ (check one)

Corporation: _____ Individual/Partnership: _____ L.L.C.: _____

Telephone number of the business: _____



THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTH ANDOVER

BOARD OF ASSESSORS

BUSINESS CERTIFICATE SUPPLEMENT

NEW BUSINESS: ____ CHANGE OF NAME AND/OR ADDRESS: ____ DISSOLVING BUSINESS: ____

CERTIFICATE NUMBER: _____

DATE FILED: _____

NAME OF BUSINESS: _____

LOCATION: _____

BUSINESS MAILING ADDRESS: _____
(IF DIFFERENT FROM LOCATION)

TYPE OF BUSINESS: _____

IS BUSINESS A REGISTERED MASSACHUSETTS CORPORATION: YES: ____ NO: ____

FULL NAME AND RESIDENTIAL ADDRESS OF PERSON OR PERSONS IN CHARGE

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)