



NEW
 RENEWAL

Town of Lynnfield Business Certificate

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of _____, is
(Business Name)
conducting business at _____, Lynnfield, Massachusetts.
(Business Address)

Type of Business: _____ Home Business: Yes No

Business Owner Name: _____

Business Owner Address: _____

Phone Number: _____ Email Address: _____

Applicant Signature: _____

Building & Zoning Permitting/Health Inspection- This individual has been informed of any permit requirements that may pertain to this type of business.

Building/Zoning/Health Official Signature: _____

Below is for internal use only.

_____, ss. _____, 20____

Personally appeared before me the above-named person(s) and made the 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 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 or withdrawing from such business.

Commission Exp. Date

Town Clerk / Notary Public

Certificate Expiration Date

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues.

STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF BUSINESS, WITHDRAWAL, OR DECEASED FROM BUSINESS OR PARTNERSHIP.

DISCONTINUANCE / WITHDRAWAL

In conformity with the provisions of Chapter 110, Section 5 of M.G.L., the undersigned hereby declare(s) that I/we have this day: Discontinued Withdrawn

the business known as _____

conducted at _____

as set forth in the certificate filed on _____.

LOCATION CHANGE

The location of: The Business My Residence

for the business known as _____

as set forth in the certificate filed on _____

has been changed to _____.

DECEASED

As Executor or Administrator for the Estate of _____, who died on _____, I hereby request a:

- Discontinuance of the Business Certificate
- Withdrawal of his/her name from the Business Certificate

as set forth in the certificate filed on _____.

Signature:

Date:

The above-named person(s) appeared before me and made oath that the foregoing statement is true.

Town Clerk / Notary Public

(SEAL)

Commission Exp. Date