



# Town of Hingham

## BUSINESS CERTIFICATE

NUMBER \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NEW  RENEWAL

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

Business Name: \_\_\_\_\_ is conducted at

Business Address: \_\_\_\_\_ in Hingham, MA, by the following named person(s):

Owner Name(s) (Please Print)	Residence Address (Street, City, State and Zip Code)	Signature (Sign in Presence of Notary)
1.		
2.		
3.		

Federal Identification Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

A certificate issued in accordance with this section shall be in force and in effect for **4 years** and shall be renewed each 4 years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. Please contact the Hingham Town Clerk's Office at (781) 741-1410 if your business closes or is sold.

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### The Commonwealth of Massachusetts

County of Plymouth ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_ who proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person(s) whose name(s) is/are signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

(SEAL)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Print Name

Commission Expires: \_\_\_\_\_