



TOWN OF AQUINNAH

955 State Road, Aquinnah, Massachusetts 02535
Tel. (508) 645-2300 - Fax (508) 645-7884 www.aquinnah-ma.gov

BUSINESS CERTIFICATE APPLICATION

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:

Name of Business: _____

Business Location: _____

Mailing Address: _____

Business Telephone: _____ Business Email: _____

Is conducted by the following named person (s).

1. Name: _____ Signature: _____

Home Address: _____

Mailing Address: _____ Home Telephone: _____

2. Name: _____ Signature: _____

Home Address: _____

Mailing Address: _____ Home Telephone: _____

The Commonwealth of Massachusetts County of Dukes County ss

Date: _____, 20____

Personally appeared before me the above named:

1. _____

2. _____

And made an oath that the foregoing statement is true.

A certificate issued in accordance with this section shall be in force and effect for one year from the date of issue and shall be renewed for each year thereafter so long as such business shall be conducted.

Signature of Town Clerk _____

\$10. – Cash/Check #

Expiration Date: