



BUSINESS CERTIFICATE APPLICATION

Fee: \$30.00

Cash

Check # _____

Town of Lakeville

346 Bedford Street

Lakeville, MA 02347

Business Name:	
Business Address:	
Mailing Address: <i>(if different from above)</i>	
Telephone Number:	

Owner(s) of Business:	
Residential Address:	
Telephone Number: <i>(if different from above)</i>	
Email and/or Website:	

What is the core function of your business?	
Is there anything else you would like residents to know about your business?	

CERTIFICATION CLAUSE

I certify under the pain and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name
(Mandatory)*

*By: Corporate Officer
(Mandatory; If applicable)*

Social Security Number (voluntary) or Federal ID Number

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.