All forms must be completed and returned to the Town Clerk’s office before the Business Certificate can be issued.

Commercial Business

☐ Business Certificate Application

☐ Notice to Tax Collector

☐ Copy of Federal EIN (if applicable)

☐ Articles of Organization (if applicable)

☐ Valid Government Issued Identification

☐ $30.00 Filing Fee (cash or check – payable to The Town of Lakeville)

Please Note: If business owner is not present to sign the business certificate, he or she must have the certificate notarized and returned to the Town Clerk’s office in order for it to be issued.
**BUSINESS CERTIFICATE APPLICATION**

Fee: **$30.00**
Cash □
Check □ #____

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**Town of Lakeville**
346 Bedford Street
Lakeville, MA 02347

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| **Business Name:** |  |
| **Business Address:** |  |
| **Mailing Address:** (if different from above) |  |
| **Telephone Number:** |  |

| **Owner(s) of Business:** |  |
| **Residential Address:** |  |
| **Telephone Number:** (if different from above) |  |
| **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?** |  |

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**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.

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**Signature of Individual or Corporate Name**
(Mandatory)

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

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**Social Security Number (voluntary) or Federal ID Number**

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**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.**
TO: Debra A. Kenney, Treasurer/Collector  
Town Hall – 346 Bedford Street  
Lakeville, MA 02347  

FROM: Town Clerk’s Office  

DATE: ________________  

Please inform this department as to whether or not the following property owner/applicant/petitioner owes the Town of Lakeville any outstanding taxes and/or municipal charges that have remained unpaid for more than one year.  

_____________________________________________________________________________  
Name of Applicant/Petitioner  
_____________________________________________________________________________  
Name of Property Owner  
_____________________________________________________________________________  
Address of Location for Permit Use  
_____________________________________________________________________________  
Address of Applicant/Petitioner  

THIS SECTION TO BE COMPLETED BY THE TREASURER/COLLECTOR  
Does the Property Owner/Applicant/Petitioner owe taxes/municipal charges _________ (Yes or No)  

Signed: _________________________________________  
Debra A. Kenney, Treasurer/Collector  

Date: _________________________________________