BUSINESS CERTIFICATE
APPLICATION PACKET

Town of Lakeville
346 Bedford Street
Lakeville, MA 02347

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☐ #____

Town of Lakeville
346 Bedford Street
Lakeville, MA 02347

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?	

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.

NOTICE TO TAX COLLECTOR

From the office of
Lillian M. Drane, MMC/CMMC
TOWN CLERK

TO: Angela Chandler, Interim 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: _____
Angela Chandler, Interim Treasurer/Collector

Date: _____