

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Town of Sudbury**

FILING FEE \$50.00

New \_\_\_\_\_  
Renewal \_\_\_\_\_  
Issue Date \_\_\_\_\_

**BUSINESS CERTIFICATE (DBA)**

**This certificate registers the name of your business as required under chapter 110, it offers no authorization regarding the legality of your business, nor does it complete your requirement to comply with local and state zoning ordinances. This does not trademark your business name.**

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 the Town of Sudbury, MA

Corporation Name (if applicable): \_\_\_\_\_  
by the following named persons.

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

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

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

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

A certificate issued in accordance with this section shall be in force and effect for **four years from the date of issue** and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

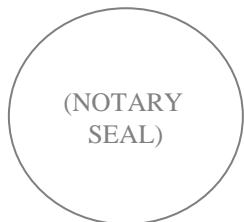
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*Commonwealth of Massachusetts*

Middlesex ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_

who proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.



\_\_\_\_\_  
(NOTARY Please Print Name)

\_\_\_\_\_  
(NOTARY Signature)

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

\_\_\_\_\_  
(TOWN CLERK/ ASSISTANT TOWN CLERK Signature)

**Town Clerk Use Only:** DBA Expiration Date: \_\_\_\_\_