

## **Business Certificate Application TOWN OF EASTHAM**

2500 State Highway Eastham, MA 02642

\$	550.00			
Two-Year Certificate (2018-2019)				
Permit #	Type			

## ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

Workers Compensation Insurance documentation must be provided with the application should the company named below have employees.

In conformity with the provisions of Town of Eastham By-Laws, Chapter 39 of the Town of Eastham Code, Sections 1-9, the undersigned hereby declare that a business under the title of:

Company	Type of Business:			
dba:	Business Phone			
is conducted at:	Number	Eastham.		
Mailing Address:				
	Street/PO	Town	Zip Code	
Do you have employed	es 🗆 yes 🗖 no	Is this business year round I	$\square$ or seasonal $\square$	
By the following princ	ipals:			
Full Nam	e	Residence (ho	ome address)	
1		1		
		Home Phone:		
2		2		
		Home Phone:		
*Under the law, a Social Security # you have met tax payment obligation revocation. (Mass G.L. c62C Sec. 4	or Federal ID must be supposs. Licensees who fail to 049A)	_OR Federal Identification #_ plied and will be furnished to the MA Dept. correct their non-filing or delinquency will be	of Revenue to determine whether e subject to license suspension or	
The Commonwealth of Massac Barnstable County ss.	husetts			
I certify under the penaltic returns and paid all taxes i	1 0 0	my best knowledge and belief, h	ave filed all state tax	
Signature of principa	l(s) 1	2.		
	Signature in	2. presence of Town Clerks Office Stag	f or Notary	
Personally appeared befor	e me and made oath	that the foregoing statement is tru	e.	
1				
Owners Nam 2	e 			
	certification is signed by appli	Issuing Clerk-N cants(s). A certificate issued in accordance with the uch business shall be conducted and will lapse and	nis section shall be in force and effect f	
Mailed:	Turn Over:	\$ Rec'd:		