



# Business Certificate Application

## TOWN OF EASTHAM

2500 State Highway  
Eastham, MA 02642

\$50.00 Two-Year Certificate (2022-2023) Permit # _____ Type _____
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### 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: \_\_\_\_\_ Eastham.  
Number Street

Mailing Address: \_\_\_\_\_  
Street/PO Town Zip Code

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

By the following principals:	
Full Name	Residence (home address)
1. _____	1. _____ Home Phone: _____
2. _____	2. _____ Home Phone: _____

Social Security # \_\_\_\_\_ OR Federal Identification # \_\_\_\_\_

\*Under the law, a Social Security # or Federal ID must be supplied and will be furnished to the MA Dept. of Revenue to determine whether you have met tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. (Mass G.L. c62C Sec. 49A)

The Commonwealth of Massachusetts  
Barnstable County ss.

Date of Application: \_\_\_\_\_

***I certify under the penalties of perjury that the foregoing statement is true.***

Signature of principal(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Signature in presence of Town Clerks Office Staff or Notary*

Personally appeared before me and made oath that the foregoing statement is true.

1. \_\_\_\_\_  
Owners Name

2. \_\_\_\_\_  
Owners Name

Issuing Clerk-Notary / Date

\*This certificate will not be issued unless application is signed by all applicants(s). A certificate issued in accordance with this section shall be in force and effect for two years January through December and must be renewed so long as such business shall be conducted and will lapse and be void unless so renewed.

Mailed: _____	Turn Over: _____	\$ Rec'd: _____
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