



Business Certificate Application
TOWN OF EASTHAM
2500 State Highway
Eastham, MA 02642

\$50.00
Two-Year Certificate (2023-2024)
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: _____ 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: _____

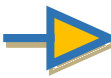
Social Security # _____ OR Federal Identification # _____

*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: _____