



Town of Mashpee Town Clerk  
16 Great Neck Road North  
Mashpee MA 02649  
Phone # 508-539-1418  
Fax # 508-539-1142  
e-mail address: ddami@mashpeema.gov

## BUSINESS CERTIFICATE CHECKLIST

Business/Corporation Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Home [ ] Cell [ ] Phone No. \_\_\_\_\_

The Town is desirous of going "Green" as much as possible. To that end, if you would include your email address, we will email your renewal notice when the time comes.

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

In order to obtain a Business Certificate in the Town of Mashpee you must obtain prior approval from the following offices:

	Department Head (or Representative) Signature	Date of Signature
Assessor:	MAP: _____ BLOCK: _____ _____	_____
Treasurer/ Collector:	_____	_____
Building Inspector:	_____	_____
Board of Health:	_____	_____
E911 Coordinator:	_____	_____
Fire Department:	_____	_____

**Mashpee Town Code §112-1.** Authority to Deny or Revoke: Cause. Any board, officer, committee or department may deny any application for or revoke or suspend any local license, or permit, including renewals and transfers, for any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees assessments, betterments or any other municipal charges, or with respect to any activity, event or other matter which is subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about any real estate whose owner has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges. History: Amended 1-6-1997, ATM, Article 24, approved by Attorney General on 3-9-1998.

**TOWN OF MASHPEE**

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

**Corporation Name:** \_\_\_\_\_ **Business Name/DBA:** \_\_\_\_\_

is conducted at **Business Location:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

New ☐ Renewal ☐ -- Commercial ☐ Residential ☐ Email Address: \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Home** ☐ **Cell** ☐ **Phone:** \_\_\_\_\_

by the following named persons:

**Owner Name**

**Owner Residence**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

\_\_\_\_\_  
\*Signature of authorized agent

\_\_\_\_\_  
\*\*Social Security Number (Voluntary)  
or Federal Identification Number

\*This license will not be issued unless this certification is signed by applicant

**In case of emergency**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.