



Town of Mashpee Town Clerk  
16 Great Neck Road North  
Mashpee MA 02649  
Phone # 508-539-1418  
Fax # 508-539-1142  
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## BUSINESS CERTIFICATE RENEWAL CHECKLIST

Business Name: \_\_\_\_\_ 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:

MAP: \_\_\_\_\_ BLOCK \_\_\_\_\_

Tax Collector: \_\_\_\_\_

**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 110, §5 of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

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

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

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

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

**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 Chapter 62C, § 49A Massachusetts General Laws