## The Commonwealth of Massachusetts

General Laws, as amended, the undersigned here of	
	is conducted a
Number	Stree
CITY OR TOV	
by the following named persons.	
FULL NAME	RESIDENCE
Signed	
(SIGNATURE)	(SIGNATURE)
(SIGNATURE)	(SIGNATURE)
The Commonwealth of	Massachusetts
SS.	
Personally appeared before me the above-named	
	<u> </u>
nd made oath that the foregoing statement is true.	
A certificate issued in accordance with this sectors from the date of issue and shall be renewed usiness shall be conducted and shall lapse and be vo	each four years thereafter so long as such
xpiration Date	
(Seal)	
(Scar)	

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

Signature of Individual	By: Corporate Officer

- \* This license will not be issued unless this certification clause is signed by the applicant.
- \*\* 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.

<sup>\*\*</sup> Social Security # Voluntary or Federal Identification Number