



*The Commonwealth of Massachusetts*  
*Town of Hubbardston*  
Business Certificate

Certificate # \_\_\_\_\_

The signatory below acknowledges this certificate is not proof of conformity to zoning bylaws or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and the Health Agent in order to comply with Town bylaws, rules and regulations.

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, as amended, the undersigned hereby declare that the following business is based in Hubbardston:

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Business Phone # \_\_\_\_\_

Name of Owner \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Owner's Phone # \_\_\_\_\_

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. It is the responsibility of the business owner to renew this certificate prior to expiration. Please notify the Town Clerk of any change or discontinuance of this business.

\_\_\_\_\_  
*Owner's Signature*  
*(must sign in presence of Notary or Town Clerk)*

*The Commonwealth of Massachusetts*

Worcester, ss.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-named \_\_\_\_\_ personally appeared before me and proved their identity through satisfactory means which was \_\_\_\_\_ and made oath that the foregoing statement is true.

FOR TOWN CLERK USE ONLY  
New \_\_\_\_\_ Renewal \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Filing Fee \$40.00

\_\_\_\_\_  
Town Clerk (or Notary Public)

(seal)