



THE TOWN OF SWAMPSCOTT

Office of the Town Clerk

NEW or RENEWAL FILING OF DBA

In conformity with the provisions of Chapter 110, § 5 of the Massachusetts General Laws, as amended, the undersigned hereby declares that a business is conducted as follows:

FOR OFFICE USE ONLY	
BOOK: _____	PAGE: _____
ISSUED: _____, 2024	
<input type="checkbox"/> NEW BUSINESS	
EXPIRES: _____, 2028	
<input type="checkbox"/> RENEWAL OF:	
BOOK: _____	PAGE: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Type of Business: _____

Person/s doing business (include corporate name and title if a corporate officer):

1	NAME	TITLE	PHONE
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HOME ADDRESS	EMAIL
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2	NAME	TITLE	PHONE
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HOME ADDRESS	EMAIL
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USE ADDITIONAL SHEET IF NECESSARY

DO NOT SIGN UNLESS YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC OR TOWN CLERK

A Certificate of Business shall remain in effect for four years from the date of issue and shall be renewed each four years thereafter. A filing must be made with the Town Clerk upon discontinuance of business.

Agreed to by: Business Owner Corporate Officer

Signature	Print Name	Date
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The State of Massachusetts **Notary Public**
 County of _____ ss.
 On this _____ day of _____, 2024
 before me, the undersigned Notary Public, personally appeared _____ who provided to me through satisfactory evidence of identification, which were _____, to be the person/s whose name(s) is/are signed above, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

Signature

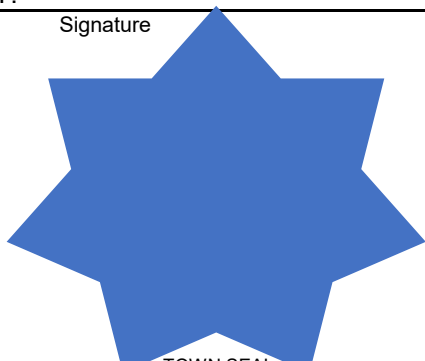
Print Name

My Commission Expires: _____

NOTARY SEAL

Town Clerk On _____, 2024 the aboved named person/s appeared before me and swore an oath that the contents of this document are truthful and accurate to the best of his/her/their knowledge and acknowledged that this document was signed voluntarily for its stated purpose.
 A TRUE COPY
 ATTEST:

Signature


TOWN SEAL



TOWN OF SWAMPSCOTT
Police Department

531 Humphrey St
Swampscott, MA 01907
Tel: (781) 595-1111
Fax: (781) 592-7472



Ruben Quesada, Ed. D
CHIEF OF POLICE

Angelica Noble
EXECUTIVE ASSISTANT

BUSINESS EMERGENCY DIRECTORY
(PLEASE PRINT CLEARLY)

Business Name: _____

Business Address: _____

Business Phone #: _____

Alarm Company: _____

Alarm Company Phone #: _____

Business Owner: _____

Owner's Phone #: _____

Person to notify after hours:

1. _____ Phone#: _____

2. _____ Phone#: _____

3. _____ Phone#: _____

4. _____ Phone#: _____

Does your business store any hazardous chemicals on site? _____

If yes, what are they and where are they located?

