



Acknowledgment Certificate

Commonwealth of Massachusetts
City of Lawrence, MA

Name of Business:

Business Address:

, Lawrence MA 0184

Business Tel. No:

E-Mail:

NAME(S) OF BUSINESS OWNERS:

(please print first and last name(s))

HOME ADDRESS(ES) OF OWNERS:

(must be an actual address, city, state & zip code)

Signature(s): _____

To be Completed by Notary

Personally appeared _____, proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the document and made oath the foregoing statement is true.

In accordance with the provision of chapter 337 of the acts of 1985 and Chapter 110, Section 5 of Massachusetts general laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the city clerk upon discontinuing, retiring, withdrawing or change of location of business or residence from such business or partnership.

Notary/Clerk
My Commission Expires
