



THE COMMONWEALTH OF MASSACHUSETTS

\$15.00

Town of Arlington

BUSINESS CERTIFICATE (DBA) CHANGE FORM

Date: _____

This certificate registers the name of your business as required under chapter 110, it offers no authorization regarding the legality of your business, nor does it complete your requirement to comply with local and state zoning ordinances. This does not trademark your business name.

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

Business Name: _____

Corporation Name (if applicable): _____

by the following named person(s) is providing updated information regarding the named business or owner(s).

Owner/Officers of Corp. Name (Please Print)	Residence Address (Street, City, State and Zip Code)	Signature (Sign in Presence of Notary or Town Clerk's Staff)
1.		
2.		
3.		

Business Discontinued as of: _____

Business Now Conducted at: _____

Change of Ownership - The above signed hereby declare(s) that _____
has/have this day ___ Resigned or Retired From ___ Withdrawn From the above named business

Change of Owner Residence - the new address is listed above

Owner Deceased - Executor or Administrator or Will or Estate Signature _____

Notary or Town Clerk Staff Print Name: _____

Notary or Town Clerk Staff Sign Here: _____

Commonwealth of Massachusetts

Middlesex ss. On this ___ day of _____, 20___, before me, the undersigned notary public, personally appeared _____

who proved to me though satisfactory evidence of identification, which were _____, to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.

Notary Commission Expires: _____

Town Clerk Use Only

Expiration Date: _____