

DEPARTMENT OF REVENUE

DATE: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

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 required under law.

Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer

Social Security Number (Voluntary)

Federal Identification Number

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 Laws Chapter 62C, Section 49(a).