

The Commonwealth of Massachusetts, Town of Uxbridge  
**BUSINESS CERTIFICATE**

Date.....

**\*\*New Business** or **\*\* Renewal** or **\*\*Re-instated** (*circle one*)

In conformity with the provision of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business **under the title of**

Business Name.....**State I.D. #** .....

is conducted at.....

Mailing address..... Zip Code.....

Type of business..... Phone No.....

PRINT FULL NAME(S)

HOME MAILING ADDRESS (Including Zip Code)

1.....

2.....

3.....

(signature)

(signature)

**The following section may only be completed by a Notary Public.**  
**Instruction to Notary:** Affix seal on the right side of the Notary Section.

**The Commonwealth of Massachusetts**

Worcester SS.

Date.....

Personally appeared before me the above-named.....

and made oath that the foregoing statement is true.

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.

**Businesses may be required to obtain permits, licenses or approval from other town departments or even the State.**

**TOWN CLERK OFFICE USE ONLY**

Business Certificate expires.....

Town Clerk/Assistant Signature

TOWN OF UXBRIDGE SEAL

**YOU ARE ADVISED THAT HOLDING THIS CERTIFICATE DOES NOT EXEMPT YOU FROM OBTAINING ANY OTHER LICENSE, PERMIT, OR APPROVAL REQUIRED TO OPERATE THIS BUSINESS.**

***Application for Employer Identification Number: 1-800-829-1040***



# UXBRIDGE POLICE DEPARTMENT

275 Douglas Street, Uxbridge, Massachusetts 01569

Phone: (508) 278-7755

Fax: (508) 278-7874

Jeffery A. Lourie  
Chief of Police

## **Business Information Form**

Company Name: \_\_\_\_\_

Company E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Other Locations: \_\_\_\_\_

Headquarters: \_\_\_\_\_

If a headquarters is listed, are they contacted in the event of an emergency? (YES) (NO)

Site Telephone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Headquarters Contact: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Manager(s): \_\_\_\_\_

Contacts: (Please list in order you wish them to be contacted in an emergency)

| Name  | Cell Phone         | Phone              |
|-------|--------------------|--------------------|
| _____ | (____)____ - _____ | (____)____ - _____ |
| _____ | (____)____ - _____ | (____)____ - _____ |
| _____ | (____)____ - _____ | (____)____ - _____ |
| _____ | (____)____ - _____ | (____)____ - _____ |

Are the premises monitored by an alarm: (YES) (NO)

Type of alarm: (POLICE) (FIRE) (OTHER) (BOTH)

If other please specify: \_\_\_\_\_

Other Pertinent Info: