TOWN OF WAKEFIELD
BUSINESS CERTIFICATE CHANGE FORM

1 Lafayette St., Wakefield, MA 01880

1. Statement of Discontinuance, Withdrawal from partnership or Additional signatory_____
2. Change of Address _____
3. Deceased _____

****

1) In conformity with the provisions of chapter 110, section 5 of Massachusetts General Laws,

the undersigned hereby declare(s) that we (I) have this day

☐ Discontinued ☐ Withdrawn from ☐Additional signatory

The business known as _____Conducted at_____

As set forth in the certificate filed on _____

Name Address

_____ _____

_____ _____

****

2) The location of ☐ the business ☐ my residence as it appears on the business certificate

of _____ filed on _____ has been changed to_____

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3) As Executor or Administrator for the Estate of _____, who died

on_____, I hereby request

☐ Discontinuance of the business certificate

☐ Withdrawal of his/her name from the business certificate

Filed on _____in the name of_____

****

SIGNATURES

_____ _____

_____ _____

On _____ the above named person(s) appeared before me and made oath that the foregoing statement is true.

_____ _____

Authorized Representative of the Office of The Town Clerk

Notary Public
Commission Expires:_____