



DBA No.: \_\_\_\_\_

## Town of West Boylston

Fee Paid: \_\_\_\_\_

## Commonwealth of Massachusetts

### Business Certificate Registration Discontinuance

Today's Date: \_\_\_\_\_

Discontinued Date: \_\_\_\_\_

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

\_\_\_\_\_  
Was conducted at:

\_\_\_\_\_  
In the town of West Boylston, Massachusetts 01583 by the following person(s):

Owner name: **printed**

Telephone:

Type of Business:

Email:

#### Owner Signature:

\_\_\_\_\_  
*Signature of Individual or Corporate Name*  
**(Mandatory)**

\_\_\_\_\_  
*Signature of Individual*  
**(Mandatory)**

\_\_\_\_\_  
*Last 4 Numbers of Social Security Number or Federal Identification Number*  
**(Mandatory)**