



The Commonwealth of Massachusetts
City of Cambridge

Date Received: _____

Business Certificate - Change Form

DBA Number: _____

Please complete the appropriate section:

- 1. Statement of Discontinuance or Withdrawal from Partnership
2. Change of Residence or Change of Location
3. Deceased from Business or Partnership

1. Discontinuance or Withdrawal from Business or Partnership

In conformity with the provisions of Chapter 110, section 5 of the General Laws, as amended, the undersigned hereby declare(s) that _____

has (have) this day discontinued (retired from) (withdrawn from) the business of:

Business Name: _____

Conducted at: _____

as stated in the certificate filed on _____ Type of business _____

Table with 2 columns: Name, Address. Multiple rows for business details.

2. Change of Residence or Change of Location

I hereby state that the location of [] (the business) [] (my residence) has been changed to:

_____ Street _____ City _____ State (abbr) _____ Zip code

3. Deceased from Business or Partnership

By (Administrator for Estate of)(Executor under the will of) _____ I hereby request:

[] Discontinuance of the business certificate

[] Withdrawal of his/her name from the business certificate filed on _____ in the name of:

Business Name: _____

Signatures:

Signature _____ Date _____ Signature _____ Date _____

Personally appeared before me the above named and made the oath that the foregoing statements are true.

(Seal)

Title