The City of Cambridge
Office of the City Clerk

795 Massachusetts Avenue
Cambridge, MA 02139
617-349-4260

Mon. 8:30 am to 8:00 pm
Tues., Wed. & Thur.
8:30 am to 5:00 pm
Fri. 8:30 to Noon

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF CAMBRIDGE
BUSINESS CERTIFICATE

In Conformity With The Provisions Of Chapter One Hundred And Ten, Section Five Of The General Laws, As Amended, The Undersigned Hereby Declares(s) That A Business Is Conducted Under The Title Of:

Please Check One: ☐ New Business ☐ Renewal

DBA: _____

Is Conducted At: _____
(physical location of business, no post office boxes)

Phone Number: _____

Type of Business: _____ Zip Code: _____

By The Following Named Person(s) (Includes Corporate Name And Title if Corporate Officer):

Full Name	Residence

Signature(s):

_____ Date: _____

_____ County: _____

_____

TO BE COMPLETED BY NOTARY

PERSONALLY APPEARED _____, PROVED TO ME THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION, WHICH WAS_____ TO BE THE PERSON WHOSE NAME IS SIGNED ON THE DOCUMENT AND MADE OATH THE FOREGOING STATEMENT IS TRUE.

IN ACCORDANCE WITH THE PROVISION OF CHAPTER 337 OF THE ACTS OF 1985 AND CHAPTER 110, SECTION 5 OF MASSACHUSETTS GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING, RETIRING, WITHDRAWING OR CHANGE OF LOCATION OF BUSINESS OR RESIDENCE FROM SUCH BUSINESS OR PARTNERSHIP.

_____
NOTARY/CLERK
MY COMMISSION EXPIRES:
____/____/____

FOR OFFICE USE ONLY

BUSINESS CERTIFICATE EXPIRES:

Cambridge Emergency Communications Department

125 Sixth Street, Cambridge MA 02142

Phone: (617) 349-6911 Fax: (617) 349-6918

www.cambridge911.org

Christina Giacobbe
Director of Emergency Communications and 911

Louis A. DePasquale
City Manager

Emergency Contact Information/RAVE Facility Worksheet
City of Cambridge Emergency Communications

The Cambridge Emergency Communications Department receives all 911 calls and dispatches Police, Fire, and EMS to emergencies in the city. In the event of an emergency after business hours, we may need to quickly contact a business owner, manager, or other authorized person who can respond with keys to a property, reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in.

Please fill-in the information below, providing us with at least two contact names so that a notification can always be made. The contact information will be kept confidential in the Emergency Communications Center and only used for notification purposes by the Emergency Communications Department and/or Police or Fire personnel. Additionally, we use this information to create a Rave Facility profile for your business. Rave Facility is a secure database which allows us to view your business name and any other information that you choose to provide if a call were to originate from your business' address. This helps to protect everyone in the business, from employees to owners to customers.

BUSINESS NAME: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF BUSINESS: _____

WHAT DID YOU WANT TO BE WHEN YOU GREW UP? _____
(security question)

EMERGENCY CONTACTS:

1. Last Name: _____ First Name: _____

   Address: _____ City: _____

   Phone: _____ Email: _____

2. Last Name: _____ First Name: _____

   Address: _____ City: _____

   Phone: _____ Email: _____

3. Last Name: _____ First Name: _____

   Address: _____ City: _____

   Phone: _____ Email: _____

Person Completing Form: _____ Date: _____

Office Use Only: Date Entered:	By:

MAIL OR FAX TO THE ABOVE LOCATION/FAX NUMBER
OR EMAIL ECADMINREQUESTS@CAMBRIDGE911.ORG

FOR OFFICE USE ONLY

Volume _____

Folio _____

PURSUANT TO CHAPTER 62C SECTION 47A*
THE FOLLOWING INFORMATION IS NOW REQUIRED ON FILING A BUSINESS CERTIFICATE:

FID#: _____

OR

SOCIAL SECURITY # : _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

_____

Your social security and/or Federal Identification Number will be furnished to the Massachusetts Department of Revenue.

*https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIX/Chapter62C/Section47A