

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: \_\_\_\_\_

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:

\_\_\_\_/\_\_\_\_/\_\_\_\_

TO BE COMPLETED BY NOTARY

FOR OFFICE USE ONLY

BUSINESS CERTIFICATE EXPIRES:



**Christina Giacobbe**

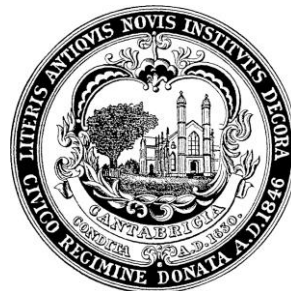
*Director of Emergency  
Communications and 911*

# Cambridge Emergency Communications Department

125 Sixth Street, Cambridge MA 02142

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

[www.cambridge911.org](http://www.cambridge911.org)



**Yi-An Huang**

*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](mailto: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](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIX/Chapter62C/Section47A)

## City of Cambridge

### Business Certificate Additional Questions

The City of Cambridge Community Development is interested in learning more about your business so we can better assist you. Please take a few moments to provide some additional information. **These questions are optional and not required in order to receive a business certificate.**

1. Business Name: \_\_\_\_\_

2. Is your business a:

\_\_\_\_\_ Women Business Enterprise (WBE) and/or

\_\_\_\_\_ Minority Business Enterprise (MBE)

3. Would you like to be registered as a vendor with the City of Cambridge? The Vendor Registry provides an opportunity for local and state vendors to participate in the procurement of goods and services. When the City solicits a bid for your commodity or service your business will be sent a notification of the bid. Once registered, your company will be sent notifications of bids.

\_\_\_\_\_ Yes, I would like to be registered

\_\_\_\_\_ No, I am not interested at this time.

4. Economic Development Division E-newsletter. If you would like to receive a monthly electronic newsletter from the city about news, workshops, and grant programs for small businesses, please provide your email address here to be registered for the e-newsletter:

Business email address: \_\_\_\_\_