

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:

____/____/____

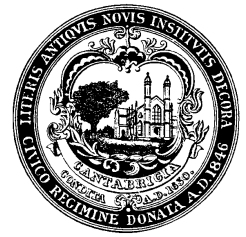
TO BE COMPLETED BY NOTARY

FOR OFFICE USE ONLY

BUSINESS CERTIFICATE EXPIRES:



**Cambridge Emergency
Communications Department**
125 SIXTH ST, CAMBRIDGE, MA 02142
TEL. (617)349-6911 FAX (617) 349-3394
www.cambridge911.org



Christina Giacobbe
*Director of Emergency
Communications and 911*

Richard C. Rossi
City Manager

Paula Snow
Chief of Operations

Lisa C. Peterson
Deputy City Manager

Emergency Contact Information Worksheet City of Cambridge Emergency Communications

The Cambridge 911/Emergency Communications Center receives all 911 calls and dispatches all Police, Fire, and EMS vehicles 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. We have developed a computer file to manage this information and are soliciting updated information about contact persons for your business.

Please fill-in the information below, providing us with at least two contact names (preferably three) so that a notification can always be made. The contact information will be kept confidential in the Center and only used for notification purposes by the Center and/or Police or Fire personnel.

BUSINESS NAME: _____

ADDRESS IN CITY: _____

PHONE: _____ WEBSITE: _____

TYPE OF BUSINESS: _____ EMAIL: _____

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