

TAX & INSURANCE ATTESTATION

- A. Pursuant to M.G.L. Cg. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.
- B. Pursuant to M.G.L. Ch. 40, Sec. 57, accepted by the Town of Spencer June 22, 1990, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have paid all local taxes, fees, assessments, betterments or other municipal charges.
- C. Pursuant to M.G.L. Ch. 152, Sec. 25C, subsection (6), I certify that I now have in effect a valid policy of insurance for Worker's Compensation covering all employees of the business to which this license is issued.

*Social Security Number

**Signature of Individual or
Corporate Name

OR

*Federal Identification Number

By: _____
Corporate Officer
(if applicable)

Date _____

**Licenses will not be issued unless this certification clause is signed by the applicant.

* Your social security number or FID will be furnished to the Mass. Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Law, Ch. 62C, Sec. 49A.

Name of Business _____

Address _____

Name of Owner _____

(Please print or type)

Tel. Number: Business _____ Home _____

Mailing Address _____

(If different from above)