

**CERTIFICATION OF COMPLIANCE WITH WORCESTER  
REVISED ORDINANCE GOVENING REVENUE COLLECTION**

Pursuant to M.G. L. c.40, Section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq. I hereby certify, under pains and penalties of perjury, that the undersigned applicant, and all parties having an ownership interest therein, has complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES  
INTERESTED IN THE APPLICATION**

(Give first and last name in full; in case of a corporation give names of President, Treasurer and Manager: and in case of firms, give names of individual members).

**1) If a Proprietorship:**

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

**2) If a Partnership:**

Full Name and Addresses of all Partners:

**NAMES**

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**3) If a Corporation:**

Full Legal Names:

\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Officers of Corporation:

NAME

TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4) If a Trust:**

Name of Trust: \_\_\_\_\_

Business Address: \_\_\_\_\_

Names of Trustees: \_\_\_\_\_ Address: \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

DATED THIS

DAY OF

BY

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

**DEPARTMENT OF INSPECTIONAL SERVICES  
25 MEADE STREET, WORCESTER, MA.**

The Massachusetts Enforcement and Protection Program, Statute 1983, Chapter 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, required the City of Worcester to furnish certain information of the Department of Revenue.

Any person, who is applying for a right or license to conduct a profession, trade or business, or for renewal thereof, must certify under the penalties of perjury upon such application that he has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

“Pursuant to M.G.L. Ch. 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 by law.

Social Security Number OR  
Federal Identification #

\_\_\_\_\_

Signature of Individual OR  
Corporate Name

\_\_\_\_\_

Date

\_\_\_\_\_

By Corporate Officer  
(if applicable)

\_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH APPLICATION FOR LICENSE**