

**CERTIFICATION OF COMPLIANCE WITH THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS GOVERNING
REVENUE COLLECTION**

Pursuant to M.G.L.C. 40 Section 57, I hereby certify under the pain and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein, have complied with the Laws of the Commonwealth of Massachusetts and accepted by the Town of Plymouth regarding payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind.

Type of Business - Proprietorship () Partnership () Corporation () Trust ()

Please fill in the appropriate information below:

Name of Owner _____

Business Address _____

Home Address _____

Business Phone _____ 24 Hour Phone _____

Full Legal Name _____

State of Incorporation _____ Principal Place of Business _____

Place of Business in Massachusetts _____

Officers of Corporation or Trust

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Beneficiaries if a Trust

Dated this _____ Day of _____, 20 ____

Dated this _____ Day of _____, 20 ____ Federal I.D. No. _____

By _____ Title _____ Address _____

**UTILITY INSTALLER'S LICENSE
STATEMENT OF COMPLIANCE WITH WORKERS COMPENSATION ACT**

Massachusetts General Laws, Chapter 152, requires employer to provide Worker's Compensation Insurance for employees. Applicants must demonstrate compliance with Chapter 152 or provide a statement of inapplicability.

Please check the appropriate statements, providing additional information where necessary, and sign below:

Applicant is in compliance with Massachusetts General Laws relative to providing Worker's Compensation Insurance for employees. A Certificate of Insurance or a License as a Self-Insurer is available for inspection.

Applicant is not required to provide Worker's Compensation Insurance for the following reasons:

I certify that the above statement is true and correct under the pains and penalties of perjury dated this _____ Day of _____, 20 ____

Business Name

by,

Signature

Title (if any)

**CERTIFICATION OF COMPLIANCE WITH THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF REVENUE**

I certify under the pains and penalties of perjury that I, to my best knowledge and belief,
have filed all state tax returns and paid all state taxes as required under law

Dated this _____ Day of _____, 20 ____

Business Name

by,

Signature

Title (if any)

Federal Identification Number
M.G.L., Chapter 62C, Section 49A

**NOTE: UTILITY INSTALLER'S LICENSE WILL NOT BE ISSUED UNLESS
THESE CERTIFICATIONS /STATEMENTS OF COMPLIANCE ARE
COMPLETED AND SIGNED BY THE APPLICANT**