



The Commonwealth of Massachusetts  
Town of Rockland

Date Received: \_\_\_\_\_

DBA Number: \_\_\_\_\_

**Business Certificate – Change Form**

Please complete the appropriate section:

1. Statement of Discontinuance or Withdrawal from Business or Partnership
2. Change of Residence or Change of Location/Change of Name
3. Deceased from Business or Partnership

**1. Discontinuance or Withdrawal from Business or Partnership**

In conformity with the provisions of Chapter 110, section 5, of the General Laws, as amended, I/we, \_\_\_\_\_  
 \_\_\_\_\_ hereby declare(s) that I/we have **discontinued / retired / withdrawn** (please  
 circle one) as \_\_\_\_\_ and \_\_\_\_\_ has  
 accepted the position of \_\_\_\_\_ from the business of \_\_\_\_\_  
 \_\_\_\_\_ conducted at \_\_\_\_\_,  
 in the Town of **Rockland**, Massachusetts, as set forth in the certificate filed in the office of the Town Clerk of said Town on  
 \_\_\_\_\_ (date certificate filed with Town Clerk).

**2. Change of Residence or Change of Location/Change of Name**

I/we \_\_\_\_\_ hereby state that the business name of \_\_\_\_\_  
 \_\_\_\_\_ (current business name), has this day been changed to \_\_\_\_\_  
 \_\_\_\_\_ (new business name). All other information remains the same.

I/we \_\_\_\_\_ hereby state that the location of \_\_\_\_\_  
 \_\_\_\_\_ (the business/my residence) has been changed to: \_\_\_\_\_  
 \_\_\_\_\_ (Street, City, State, and Zip Code)

**3. Deceased from Business or Partnership**

By **Personal Representative for the Estate/Administrator under the will** (please circle one) of \_\_\_\_\_  
 I hereby request  Discontinuance of the business certificate or  Withdrawal of his/her name from the business certificate filed on  
 \_\_\_\_\_ in the name of \_\_\_\_\_ (business name)

**Signatures:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Personally appeared before me the above-named and made the oath that the foregoing statements are true.

(SEAL)

\_\_\_\_\_  
 Town Clerk or Notary Public Signature  
 My Commission Expires: