



TOWN OF HADLEY

100 Middle Street
Hadley, MA 01035
413-586-0221

TAX ATTESTATION FORM- 2018 LICENSES

Type of Licenses: _____

Owner/ Corporate Name: _____

DBA (if applicable): _____

Premise Address: _____

Phone Number: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

*Signature of Individual
Or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory if Applicable)

**Social Security # (Voluntary)
or Federal Tax Identification Number

Date

* This license will not be issued unless this certification clause is signed and dated by the applicant.

** Your tax ID number will be furnished to the Massachusetts Department 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 Massachusetts General Laws Chapter 62C Section 49A.