



Town of Great Barrington

Office of the Town Clerk

Business Certificate Change of Name Form

Fee: \$10.00

I hereby state that my Business Name as it appears on the Business Certificate of:

(Name of Business)

Filed with the Office of the Town Clerk on _____, has been changed to:
(Date)

New Business Name: _____

Business Address: _____
(Street Address)

(Town) (State) (Zip Code)

Mailing Address: _____

Residential Address: _____
(Street Address)

(Town) (State) (Zip Code)

Residential Mailing: _____

Owner(s) signatures: _____

The expiration date of the DBA will remain the same: _____

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The Commonwealth of Massachusetts, Berkshire County

Date: _____

Personally appeared before me, the named individual(s) _____

On the above date and made oath that foregoing statement is true.

Signature: _____

Title: _____