



Town of Dennis
Health Department

Kristen Keller
Health Director

Tel: (508) 760-6158
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License Attestation

Pursuant to MGL 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 state taxes required under law.

I further certify that all Dennis taxes have been paid to the Town.

*Signature of Individual

By: Corporate Officer

**Social Security # Voluntary or
Federal Identification Number

Date Signed

*Licenses will not be issued unless this certification clause is signed by the applicant.

**Your Social Security 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 Law, Chapter 62C, Section 49A.