

## The Commonwealth of Massachusetts Department of Fire Services - Office of the State Fire Marshal P.O. Box 1025, State Road, Stow, MA 01775



## **CERTIFICATE OF REGISTRATION**

	City or Town Date
Directions: Complete top of the form and fo the Department of Fire Services.	rward both sections and fee to local City or Town Clerk. Do not return form t
In accordance with the provisions of Massa	chusetts General Laws, Chapter 148, Section 13, the undersigned hereby
certifies that:	· · · · · · · · · · · · · · · · · · ·
	Name of Holder of license
et	
is the holder of the license granted for the le	Address of Holder of license
s the horder of the licerise granted for the la	awful use of the building(s) or other structure(s) situated or to be situated at
	Street and Number
is related to the Keeping, Storage, Manuf	acture or Sale of Flammables or Explosives.
Note: This certificate of registration must be	
Signature	State whether owner, occupant or holder
Signatoro	Case Williams, occupant of hones
	Address
	Date
Department of Fire	Sommonwealth of Massachusetts e Services - Office of the State Fire Marshal (1995) 1025, State Road, Stow, MA 01775
(on 1207)	REGISTRATION
· · · · · · · · · · · · · · · · · · ·	City or Town Date
This is to certify that	,
This is to certify triat	
has, in accordance with the provisions of M	I.G.L. chapter 148, Section 13, filed with me a certificate of registration setting
orth that	
	Name of Holder of license
s the holder of the license granted on	for the lawful use of the building(s) or other structure(s)
situated at or to be situated at	· ·
situated at OF to be situated at	Street and Number
as related to the Keeping, Storage, Manuf	facture or Sale of Flammables or Explosives.
	Signature and Official Title

Note: A certificate of registration must be filed on or before April 30th of each year.

