

**TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK
45 BROAD STREET, CUMBERLAND RI 02864
(401)728-2400 FAX (401)724-1103**

NON-PROFIT BUSINESS CERTIFICATE APPLICATION

\$10 Filing fee

Filed under the provisions of Title 6, Chapter 1, Section 1 of the General Laws of Rhode Island, 1956, as amended.

ORGANIZATION/BUSINESS INFORMATION:

Certificate Number _____ Tax Exemption Certificate No. _____
(Copy Required)

Type of Business _____

Business Name _____

Business Address _____

Business Mailing Address, if different _____

Business Phone Number _____

Business Fax Number _____

PROPERTY LOCATION INFORMATION:

Assessor's Plat _____ Lot(s) _____ Zone _____

Building Official Approval of Zoning Designation _____ Date Approved _____

Property Owner Name and Address if location is leased _____

Property Owner's Signature _____

**STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE**

In Cumberland, in said County, on this _____ day of _____, 20____, personally appeared before me the above-subscribed person(s) and made oath that the above statements signed are true.

Notary Public _____

My Commission Expires: _____

ORGANIZATION//BUSINESS OWNER INFORMATION:

Business Owner _____

Owner Home Address _____

Home Phone Number _____

Cell Phone Number _____

E-Mail _____

Owner Date of Birth _____

Place of Birth _____

OWNER SIGNATURE

PRINT NAME

**STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE**

In Cumberland, in said County, on this _____ day of _____, 20____, personally appeared before me the above-subscribed person(s) and made oath that the above statements signed are true.

Notary Public

My Commission Expires: _____

DATE FILED IN TOWN CLERK'S OFFICE: _____

RECEIVED BY: _____