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 __________________________

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

Property Owner’s Signature __________________________

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:**

<table>
<thead>
<tr>
<th>Business Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:** ________________________

Page 2 of 2