



Town of Little Compton
Town Hall
P.O. Box 226
Little Compton, RI 02837

CERTIFICATE

This is to certify that _____ the undersigned

Name	Mailing Address/P.O. Box	Town
_____	_____	_____

are the sole owner (s) of the business conducted under the name of :

located at _____ in the Town of Little Compton, RI.

General description of business to be conducted:

Email address: _____

Phone: _____

Website (optional): _____

State Tax or Fed ID number (optional): _____

Signature: _____

Signature: _____

STATE OF RHODE ISLAND
COUNTY OF NEWPORT

In Little Compton, in said County, on this _____ day of _____, AD _____,
personally appeared before me the above described _____
and made oath that the above statements signed by _____ are true.

NOTARY PUBLIC
MY COMMISSION EXPIRES: