

R.E.A.P FORM
Revenue Enforcement and Protection

I certify, under penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

* _____ By: _____
Signature of Individual or Corporate Name Corporate Officer (mandatory, if Applicable)

Social Security # (voluntary)
Federal Identification #

This license 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 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 Mass. G.L. 62C S47A.

Name of Business or Organization

Name of Individual