

Fee: \$30.00
Payable to
Town of Westford

The Commonwealth of Massachusetts
Town of Westford
BUSINESS CERTIFICATE
(two-sided form)

Certificate Number: _____
Expiration date: _____

Date of Issuance: _____

In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: _____ **NEW** **RENEWAL (circle one)**
Please indicate if this business is incorporated

Nature of Business: _____ **ONLINE ONLY** **Y** **N**

is conducted at (Physical Location of Business): _____
(Please indicate street address and mailing address if different)

by the following named persons or corporation (if corp., include the title of the corporate officer signing).

<i>Full Name(s)</i>	<i>Home Address</i>
_____	_____
_____	_____
_____	_____
_____	_____

Must be signed in front of a Notary Public or a member of the Town Clerk's Office staff

_____ <i>Signature</i>	_____ <i>Signature</i>
_____ <i>Signature</i>	_____ <i>Signature</i>

Commonwealth of Massachusetts

County Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature My Commission expires: _____ (Seal)

County Date _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature My Commission expires: _____ (Seal)

A certificate issued in accordance with this section shall be in force and effect for **four years** from the date of issue and shall be **renewed** each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

(Town Clerk Seal)

Town Clerk

Scanned & Indexed ___
DMS ___
Access ___

Business Certificate Worksheet

1. Phone number where you may be contacted: _____
2. Is business conducted at this location? Briefly describe: _____

3. What equipment for this business will be stored at this location: _____

4. If no, where is the location it is stored: _____

5. Will there be other employees at this location? If yes, how many: _____
6. Will customers/clients/pupils come to the house for consultation/instruction? _____
7. Will there be parking of any motor vehicles in conjunction with this business? _____
8. Will there be a sign? _____

HEALTH DEPARTMENT RELATED

Must be signed off by Board of Health PRIOR to issuance of Business Certificate

Arnie Price – Food Inspector _____
Date

Health Agent _____
Date

Comments: _____

HOME OCCUPATION

Must be signed off by the Building Commissioner PRIOR to issuance of Business Certificate

Building Department Official _____
Date

Comments: _____

OFFICE USE ONLY

*** Checked database to confirm this name is not already in use ***

Town Clerk Staff _____
Date