

Fee: \$30.00
Payable to
Town of Westford

The Commonwealth of Massachusetts
Town of Westford
BUSINESS CERTIFICATE

Certificate Number: _____
Date of Issuance: _____
Expiration date: _____

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:

Circle One

Name of Business: _____ **New** **Renewal**
Please indicate if this business is incorporated.

Nature of Business: _____

Address of Business: _____

Owner Name(s)

Home Address(es) and emails

_____	_____
_____	_____
_____	_____
_____	_____

Sign below, in front of a Notary Public or a member of the Town Clerk's Office Staff

Signature

Signature

Signature

Signature

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

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

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

Food Inspector _____
Date

Health Agent _____
Date

Comments: _____

BUILDING DEPARTMENT

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