

NEW BUSINESS OWNERS

Date:

Your Name:

Home Address

Home Phone #

Email:

Name of New Business

Type of Business

Is this a home occupation?            Yes            No

Address of Business

**ATTACH WORKERS COMPENSATION AFFIDAVIT.**

When starting a new business or renewing your business certificate, there are several things you must do. This form is intended to assist you in obtaining the information you may need. Once you have obtained the required signatures listed below and any required documentation, you may apply for a business certificate at the Town Clerk's Office.

**1. BUILDING INSPECTION DEPARTMENT**

This individual has been informed of any permit requirements that pertain to this type of business. Attached is a letter attesting to Zoning Compliance. (Note: A Business Certificate will not be issued if the proposed business is not allowed by zoning or requires special permits before it can comply.)

\_\_\_\_\_  
Authorized Signature\*\*

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. BOARD OF HEALTH

This individual has been informed of the permit requirements that pertain to this type of business.

\_\_\_\_\_  
Authorized Signature\*\*

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. BOARD OF SELECTMEN

This individual has been informed of the licensing requirements that pertain to this type of business.

\_\_\_\_\_  
Authorized Signature\*\*

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. OTHER LICENSING AUTHORITIES: (That may be required by the Building Inspector or Board of Selectmen) such as:
- a. Water Department
  - b. Conservation Commission
  - c. Planning Board

Business Certificates cost \$40.00 for 4 years. A Business Certificates ONLY REGISTERS YOUR NAME IN THE TOWN (which you must do by M.G.L.) – It does not give you permission to operate. You must get that through completion of the processes from the various departments involved.

\*\*SIGNIFIES APPROVAL FOR A BUSINESS CERTIFICATE ONLY.

MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

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\*Signature of Individual or Corporate Name (mandatory)

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By: Corporate Officer (mandatory, if applicable)

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\*\*Social Security Number (voluntary) or Federal Identification Number

\*This license will not be issue 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 tax 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. c. 62C s. 49A.