



WEST BROOKFIELD

TOWN CLERK'S OFFICE

2 East Main Street ~ West Brookfield, MA 01585

Phone: 508-867-1421 Ext. 2 ~ Email:

vitals@wbrookfield.com

FEE: \$25.00

(For four years)

Issue date: _____

Expires: _____

NEW

RENEWAL

BUSINESS CERTIFICATE APPLICATION

In conformity with the provisions of M.G.L. c. 110 s. 5, as amended, the undersigned hereby declare that a business is conducted under the title of:

Name of Business: _____

Business Location: _____

Business Mailing Address (if different): _____

Federal Tax ID or Owner's SSN: _____

Business Type /Activities (brief description): _____

Property Owner & Contact (if applicable): _____

| | Business Owner(s) Full Name(s)* | Business Owner(s) Residence Address | Phone Number |
|---|---------------------------------|-------------------------------------|--------------|
| 1 | | | |
| 2 | | | |

*If you are not the sole owner of the above business or the name of the corporation you represent: please attach the names of all corporate owners, their address and their interest in the business.

FOR TOWN HALL USE ONLY

| OFFICE | APPROVAL DATE | SIGNATURE |
|---|---------------|-----------|
| Zoning Enforcement Officer <i>I verify that this is an allowed use for this location</i> | | |
| Board of Health Permit / Inspection Required (circle one): Y N | | |
| Tax Collector <i>I certify that the taxes are current for the applicant.</i> | | |

Applicant: I certify that the information entered on this application for Business Certificate is true. An incomplete application may be denied. Signed under the penalties of perjury.

NOTE: Signatory must provide proof of identification to Town Clerk when submitting application.

| | Owner(s) Signature(s)* | Owner(s) Full Name (printed) | Date |
|---|------------------------|------------------------------|------|
| 1 | | | |
| 2 | | | |

**Sign ONLY in the presence of a NOTARY PUBLIC or the TOWN CLERK

On this _____ day of _____, 20____, before me, the above named, personally appeared who proved to me through satisfactory evidence of identification, which were _____ to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.

Town Clerk/Assistant Town Clerk/Notary Signature

DETAILED DESCRIPTION OF PROPOSED BUSINESS

The issuance of a DBA or Business Certificate requires a detailed written description of the proposed business to assist in determining if the request is related to a home business or home occupation. This is necessary to ensure that the business conforms to the town's zoning regulations.

Hours of Operation: _____

Number of Employees on Premises: _____

Percentage of floor area in your home that will be used: _____

Will there be an exterior display, storage of material or equipment on site?: _____

Type of traffic you expect to generate: _____

Number of business-owned vehicles on site: _____

Parking Accomodations: _____

Any on premise signage?: _____

Any other information you believe is relevant to your application: _____
