

**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:** \_\_\_\_\_  
*Please indicate if this business is incorporated* **ONLINE ONLY**  Y  N

**Nature of Business:** \_\_\_\_\_  
**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

<i>Arnie Price – Food Inspector</i>	Date
<i>Health Agent</i>	Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

**HOME OCCUPATION**

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

<i>Matthew Hakala – Building Commissioner</i>	Date
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Comments: \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

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

Town Clerk Staff	Date
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