



FEEES DUE AT TIME OF FILING:
\$40.00 FOR New Business and Renewals
\$10.00 for Changes Listed Below and Discontinuance

FILE #: _____
File Date: _____
Exp. Date: _____

Business Certificate

The purpose of filing this certificate is: New Business Business Renewal
Changes: Change of Address Partial Addition/Removal of Owner Discontinuance of Business

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

1. DOING BUSINESS AS (Name of Business): _____
 2. DBA OWNER: _____
 3. DBA BUSINESS ADDRESS: _____
 4. THE ABOVE LOCATION IS: A Commercial Address A Residential Address
 5. Brief description of DBA business: _____
 6. Does your business involve food? Yes No 7. Are you changing the current use of the space? Yes No
 8. Telephone Number: _____ 9. Mailing Address (If Different): _____
 10. Email: _____

PRINTED NAME(S) of SIGNER(S)	Title	OWNER ADDRESS (Corp. address if Corp.)
_____	_____	_____
_____	_____	_____

BOARD OF HEALTH APPROVAL: If you answered "Yes" to Question 6, please visit the Board of Health.

Signature of Health Inspector/Director: _____ Date _____

BUILDING INSPECTOR APPROVAL (Only required if filing for a new business or address change): Inspector
 GENERALLY available 8:30 to 10:00 a.m. Call 978-250 5225 for availability.

Will you be performing renovations or construction on this property? Yes No *If yes, please specify.*

Signature of Building Inspector: _____ Date _____

NOTARIZATION CHELMSFORD TOWN CLERK CERTIFICATION: *(Business owner(s) who do not sign in the presence of the Chelmsford Town Clerk must sign before a notary public)*

Signature: _____ **Signature:** _____

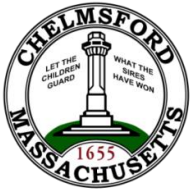
ID Check: ID Check:

DATE: _____ DATE: _____

THE ABOVE-NAMED PERSON(S) PERSONALLY APPEARED BEFORE ME AND MADE AN OATH THAT THE FOREGOING STATEMENT IS TRUE.

 Commission Expiration

 Notary Public Signature/Town Clerk Representative Signature



APPLICATION FOR HOME OCCUPATION

BUILDING DEPARTMENT

Lower Level, 50 Billerica Road, Chelmsford, Massachusetts 01824

Name: _____ Date: _____

Address: _____
House # Street Unit/Apt# Zip Code

Business Tel #: _____ Home Tel #: _____

Email: _____

Description of Home Occupation: _____

Percentage (%) area of home to be used: _____

Percentage (%) area of accessory structure to be used: _____

Will anyone other than members of the family residing at the premises be employed?

No Yes if yes, how many? _____

Will there be parking of any motor vehicles in conjunction with the activity? _____

If yes, describe: _____

Will there be deliveries of any kind at the premises? _____

If yes, describe: _____

Will clients or pupils come to the house for consultation or instructions? _____

Will there be any use of, or storage of hazardous materials? _____

If yes, describe: _____

Will there be any signs? _____ Describe: _____

Will there be any exterior storage of materials? _____

If yes, describe: _____

SIGNATURE OF APPLICANT: _____

BUILDING INSPECTOR: *Please sign the reverse side of the form to confirm approval.*