



BUSINESS CERTIFICATE

COMPLETE ALL THE STEPS BEFORE RETURNING THIS FORM

Thank you for printing clearly and neatly

FEE: \$40.00 for FOUR YEARS

FILE #:	_____
Date of filing:	_____
Exp. Date:	_____

STEP 1 Please provide the following information:

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:

DOING BUSINESS AS: _____
(BUSINESS NAME)

BUSINESS IS OWNED BY: Individual or Partnership; Registered Company (Corporation, LLC, LLP).

OWNER NAME: _____

BUSINESS ADDRESS: _____

BUSINESS LOCATION IS: Commercial Address; Residential Address (Must complete the reverse side of this form).

Description of business activities: _____

Telephone number: _____ Mobile number: _____

E-mail: _____

MAILING ADDRESS (if different from above): _____

By the following named person(s): _____ *If owned by a Corporation, list corporate name, address, and signature of corporate officer.*

FULL NAME(S):	RESIDENTIAL ADDRESS:
_____	_____
_____	_____
_____	_____

STEP 2 BUILDING INSPECTOR APPROVAL: (Generally M-F 8:30 am – 10:00 am, call 978-250-5225 for availability)

Signature of the building inspector: _____ Date: _____

STEP 3 NOTARIZATION OR 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(s): _____

▼ PLACE SEAL HERE ▼

DATE: _____

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

Notary Public/Town Clerk Representative Signature _____

_____ Commission Expiration

DRIVER'S LICENSE#: _____

OTHER ID: _____

STEP 4 Return this completed form to the Town Clerk's Office with \$40.00

In accordance with Chapter 337 of the Acts of 1985 and M.G.L. c. 110 s. 5, Business Certificates shall be in effect for four years from the date of issue. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business. This Certificate does NOT trademark your business. The signatories above acknowledge this Certificate is NOT a license to operate a business, NOR proof of conformity to Zoning Bylaws, NOR Board of Health Regulations. Copies of this certificate shall be made available at the address that said business is physically conducted and furnished upon request during regular business hours. Violations are subject to fine of not more than three hundred (\$300) for each month during which such violation continues.



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.*

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM
& FILE WITH THE TOWN CLERK'S OFFICE**

There is a \$40 fee for filing the business certificate / home occupation.