



**The Commonwealth of Massachusetts Business Certificate
Milford, MA 01757**



In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as Amended, the undersigned hereby declare(s) that a business under the title of:

(Name of Business): _____

Is conducted at _____, Milford, MA 01757

Nature of the Business: _____

by the following named person(s).

Owners Full Name(s):

Residence(s):

Signed:

****TO BE COMPLETED BY DEPT. OF INSPECTIONS**

Is the property zoned properly for conducting a/your business? (Y)_____ (N)_____

Are there any additional licenses required? (Y) _____ From this Dept. or list what other Dept(s) _____

of Commercial vehicles on property _____

Valid Motor Vehicle Registration Information _____

Is the owner of the property aware of the business? (You need to provide a signed letter from the landlord or owner of property, to be attached to application.) Letter attached (Y)_____

Do you need additional parking for customers or employees? (Y)_____ (N)_____

Will you be putting a sign on the property? (Y)_____ (N)_____

Signature of the Building Commissioner_____

Signature of Health Agent_____

(Make note that by signing this document, the Building Inspector & Health Agent do not approve any violation of the zoning by laws or health codes.)

The Commonwealth of Massachusetts

Worcester County _____, 20____

Personally appeared before me the above named:

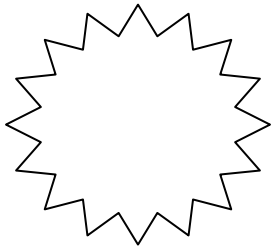
_____ and made oath that the foregoing statement is true.

A certificate issued in the 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.

DBA Expiration Date _____, 20____

_____ (title)

Commission Exp. Date _____, 20____



****MUST PROVIDE VALID MA DRIVERS LICENSE or PASSPORT****

Owner 1 Photo ID# _____ Owner 2 Photo ID# _____

TIN # or SS # _____ TIN # or SS # _____

Contact Phone # _____ Contact Phone # _____