



The Commonwealth of Massachusetts

Town of Douglas

Business Certificate

Date: _____
New Renewal
Paid by:
Check Cash Credit
When Ready:
Mail Call

In conformity with the provisions of Ch. 110, Sec. 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: _____

Corporate Name: _____

Location of Business: _____

Mailing Address (if different) _____

Phone Number: _____ Email Address: _____

By the following named persons(s) – If a corporate officer, include the title of signing officer:

Owner(s) Full name

Business Owner Residence address(es)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

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. This certificate is not valid without signature of the Town Clerk/Assistant Town Clerk and Town Seal.

A statement must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business.

Owners Signatures(s) Below: Sign ONLY in the presence of the TOWN CLERK or Notary Public

I certify under the penalties of Perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes as required under state law.

1. _____

2. _____

3. _____

4. _____

Town Clerk/Asst. Town Clerk Signature: _____

Certificate Issued: _____

Certificate Expires: _____

Raised Town Seal must be present above Clerk's Signature for this certificate to be valid

Notary only required if not signed in front of Town Clerk

The Commonwealth of Massachusetts

Worcester County, ss. Date _____

Personally appeared before me:

Proved through satisfactory evidence of identification, which was _____ to be the person(s) whose Name is signed on the above document are truthful and accurate to the best of their knowledge and belief>

Notary Public Signature: _____

(Notary Seal)

Notary Expires: _____

TOWN OF DOUGLAS
BUSINESS CERTIFICATE APPLICATION (page 2)

BUSINESS INFORMATION (CONTINUED)

Business Name: _____

Type of Business: _____

X here if New Business: _____ Years of Operation in Douglas _____ # of Employees: _____

Operating hours: _____

Description of Activity on site: _____

PLEASE NOTE: If you are not the property owner, a notarized, written consent acknowledging business is required from the property owner prior to the Building Inspector signing off. See property owner section below.

BUSINESS OWNER INFORMATION

Please provide the following if different from first page:

Personal email address: _____

Home or cell Phone: _____

PROPERTY OWNER

I _____ owner of property located at _____

give permission to _____ to use this address for the business named in this

application. OWNER SIGNATURE: _____ OWNER PHONE#: _____

This signature must be signed in front of Town Clerk or Notary. Notary, please use section on page one of this document. A Separate notarized sheet may be attached in lieu of signing on this form. It must include property owner name, phone number, signature, address of property where business will be located, and business name.

Tax Collector

Are the taxes paid on this property? Yes___ No___

Tax Collector Signature/title: _____

Board of Health (For Residential Kitchens Only)

All required permits and training have been obtained to allow this residential kitchen.

Signature of Board of health representative: _____

TOWN OF DOUGLAS
BUSINESS CERTIFICATE APPLICATION (page 3)

THIS SECTION MUST BE FILLED OUT BY THE BUILDING INSPECTOR

Date: _____ Business is in Zone: _____

Comments: _____

Stipulations: _____

Should this application be sent to Fire for signature? NO _____ YES _____

Residential Kitchen Signature need from BOH? NO _____ YES _____

Building Inspector's Authorization: _____

THIS SECTION MUST BE FILLED OUT BY THE FIRE CHIEF (If applicable)

Date: _____ Business is in Zone: _____

Comments: _____

Stipulations: _____

Fire Department Authorization: _____

If you have any questions or concerns, please call the Town Clerk's Office at

508-476-4000 ext. 255.

You can also email the office at:

Christine Furno, Town Clerk, cfurno@douglas-ma.gov or

Lisa Postma, Assistant Town Clerk, lpostma@douglas-ma.gov