



TOWN OF WINCHESTER
BUSINESS CERTIFICATE APPLICATION
71 Mt. Vernon Street, Winchester, MA 01890

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|----------------|
| Number: _____ |
| Filed: _____ |
| Expires: _____ |

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

_____ DBA Name _____ Business Telephone

_____ Business Address

_____ Mailing Address (if different from above)

_____ Nature of Business _____ Email Address

By the following named person(s): (Include corporate name and title if corporate officer.)

| <u>FULL NAME</u> | <u>RESIDENCE</u> | <u>OWNER TELEPHONE</u> |
|------------------|------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SIGNATURES:

This section to be executed by an authorized representative of the Office of the Town Clerk **OR** by a Notary Public.

On _____: The above named person(s) personally appeared before me and made oath that the foregoing statement is true.

Authorized Representative of the Office of the Town Clerk

Notary Public
Commission Expires: _____

APPROVAL OF THE BUILDING DEPARTMENT IS REQUIRED BEFORE A BUSINESS CERTIFICATE CAN BE ISSUED.
Please complete back of application.

Complete this section if business is at a residential address.

Percent (%) of area in home to be used: _____%

Calculation = (square foot of office) / (total square footage of house and accessory structures)

Will anyone other than members of the family residing at the premises be employed? YES NO

Will there be parking of any motor vehicles in conjunction with the activity? YES NO

Will there be deliveries over and above the usual residential postal or package delivery to the premises? YES NO

Will there be sales or distribution of any products at the premises? YES NO

Will clients or pupils come to the house for consultation or instruction? YES NO

Will home occupation be conducted in an accessory building? YES NO

Complete this section if business is at a business location.

Business address: _____

Prior to Town Clerk issuance you must see the Tax Collector and Building Department for a sign off that you have conformed with the application process, if any:

In addition for those businesses that need Board of Health Approval and licenses from the Board of Selectmen it is your responsibility to contact those offices in advance of receiving this certificate.

1. Have you filed the appropriate paperwork with the Board of Health concerning any permits or licenses required to conduct business within the Town of Winchester? Yes No N/A
2. Have you filed the appropriate paperwork with the Board of Selectmen concerning any permits or licenses required to conduct business within the Town of Winchester? Yes No N/A

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| Tax Collector's Office |
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| Building Department Approval |
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