*** NOTE – BACK SIDE BE COMPLETED FIRST OR **BOTTOM** PORTION SIGNED BY BUILDING INSPECTOR BEFORE ANY FILING CAN BE ACCEPTED BY THE TOWN CLERK'S OFFICE

TOWN OF BILLERICA BUSINESS CERTIFICATE

Donna J McCoy, Town Clerk
365 Boston Road
Billerica, MA 01821

FILE # _____
DATE OF FILING _____
EXPIRATION DATE _____
RENEWAL? YES ☐ NO ☐

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: _____

Legal Name: _____

Business Location: _____

Mailing address (if different from above): _____

Telephone: _____

What is your main product/service? _____

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

Full Name:	Residence:
_____	_____
_____	_____
_____	_____
_____	_____

Signature(s):

_____	_____
_____	_____

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

(Seal) _____ _____
Commission Expiration Date Notary Public Signature

Identification presented:
Driver's License # _____ Other: _____

In accordance with the provisions of Chapter 337 of the acts of 1985 and Chapter 110, Section 5 of the Massachusetts General Laws, business certificates shall be in effect for four (4) years from the date of issue. They should be renewed every four (4) years thereafter. A statement under oath must be filed with the Town Clerk's Office upon discontinuing, retiring, or withdrawing from such business or partnership.

Copies of such certificates shall be available at the address at which such business is conducted and furnished upon request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than three hundred dollars ($300) for each month during which such violation continues. **The filing fee is Thirty dollars ($30).**

IF NOT HOME OCCUPATION _____ APPROVAL DATE _____
Building Inspector's Signature

TOWN OF BILLERICA

INSPECTOR OF BUILDINGS
365 BOSTON ROAD
BILLERICA, MA 01821

APPLICATION FOR HOME OCCUPATION

Date: _____

Name: _____ **Telephone #** _____ **Alt Telephone #** _____

Address: _____
House # **Street** **Apt #/Unit**

Description of Home Occupation: _____

_____

_____

Percentage (%) are 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** ☐ **How many?** _____

Will there be parking of any motor vehicles in conjunction with the activity? No ☐ **Yes** ☐

If Yes, describe: _____

Will there be deliveries of any kind at the premises? No ☐ **Yes** ☐

If Yes, describe: _____

Will clients or pupils come to the house for consultation or instruction? No ☐ **Yes** ☐

Will there be any use/storage of hazardous materials? No ☐ **Yes** ☐

If Yes, describe: _____

Will there be any signs? No ☐ **Yes** ☐ **Describe:** _____

Will there be exterior storage of materials? No ☐ **Yes** ☐

If Yes, describe: _____

SIGNATURE OF APPLICANT: _____

APPROVAL OF BUILDING INSPECTOR **No** ☐ **Yes** ☐ **DATE:** _____

SIGNATURE OF BUILDING INSPECTOR _____

ONCE THE ABOVE INFORMATION HAS BEEN FILLED OUT AND APPROVED BY THE BUILDING INSPECTOR, THE OTHER SIDE OF THE FORM MUST BE FILLED OUT AND FILED WITH THE TOWN CLERK'S OFFICE (There is a fee for the filing of the business certificate)