



Town of West Newbury

Town Clerk's Office
381 Main Street · West Newbury, MA 01985
978-363-1100 ext. 110 · 978-363-1117 (Fax)
townclerk@wnewbury.org

Office Hours: Monday through Thursday 8 am - 4:30 pm and Friday 8 am – noon

APPLICATION FOR BUSINESS CERTIFICATE

☐ New ☐ Renewal Filing Fee \$40.00 Date: _____

In conformity with the provisions of Massachusetts General Laws, Ch 110 Sec 5, as amended, the undersigned hereby declares that a business is conducted under the title of:

Name of Business: _____

Description of Business: _____

Business Address: _____

Mailing Address (if different): _____

Telephone: _____ Email: _____

Said business is conducted by the following named person(s). If a corporation, include the title of each corporate officer signing the certificate. (sign in the presence of the Town Clerk or Notary)

Owner 1

Name: _____
Residence: _____
Signature: _____

Owner 2

Name: _____
Residence: _____
Signature: _____

DO NOT WRITE BELOW THIS LINE

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

Driver's License/Other: _____ State of: _____

Town Clerk or Notary Public

Commission Expires

Notary Seal / Town Seal

APPROVAL OF BUILDING INSPECTOR

Building Inspector: Sam Joslin
Phone: 978-363-1100 ext. 122

Office Hours of Building Inspector: Monday and Wednesday 8 am-noon
Email: building.inspector@wnewbury.org

Please be advised the above business and location are appropriate for the proposed d/b/a.

Building Commissioner Signature

Date



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MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION FOR BUSINESS CERTIFICATE

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

Signature of Individual or Corporate Name* (Mandatory)

By Corporate Officer (Mandatory, If Applicable)

Social Security Number** (Voluntary)
or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. ch. 62C sec. 49A.

The signatories above acknowledge this certificate is not proof of conformity to Zoning or other Town of West Newbury Bylaws and Regulations, nor is it a license to conduct business in the Town of West Newbury. It is the responsibility of the applicant to contact the appropriate authority in order to ensure compliance. In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, §5 of Massachusetts General Law, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuance, retire or withdrawing from such business or partnership. Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on 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.

Certificate # _____

Business Certificate Expires: _____



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BUSINESS CERTIFICATE DISCONTINUANCE OR CHANGE

Date: _____

In conformity with the provisions of Massachusetts General Laws, Ch 110 Sec 5, as amended, the undersigned hereby declares that the business under the title of:

(name of business)

as it appears on the Business Certificate filed on _____, 20 _____

- ☐ Business Has Been Discontinued.
- ☐ Business Has Moved - New Address: _____
- ☐ New Business Telephone: _____
- ☐ Owner Has Moved - New Residence: _____
- ☐ Add Additional Owner: _____
Residence: _____
- ☐ Remove Owner: _____
Residence: _____

(signature of owner)

(signature of owner)

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Town Clerk or Notary Public

Commission Expires

Notary Seal / Town Seal