

BUSINESS CERTIFICATE APPLICATION
THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF MILLVILLE

Date: _____

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 under the title of:

Business Name: _____

is conducted at:

Address

Telephone

EIN _____

by the following named persons:

Full Name (Please Print)

Residence

DOB: _____

DOB: _____

Mailing Address (if different from Residence):

Signed:

Signed:

Signature

Signature

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.

Note: The issuance of a Business Certificate requires the completion of the questionnaire on the reverse side of this application, which shall be reviewed by Town Departments.

This completed application must be presented in person to the Town Clerk for the issuance of a Business Certificate. Please bring a valid picture ID.

BUSINESS CERTIFICATE APPLICATION QUESTIONNAIRE

Business Name and Address: _____

The following questionnaire has been developed in order to identify whether additional local approvals are necessary for the operation of the business registering with the Town of Millville. Should approval by a local board be necessary, it is requested that all approvals be obtained prior to filing for a Business Certificate.

GENERAL

Is the Business a new Business? _____

If the business is not new, when was the business created? _____

What is the nature of the business? _____

What are the hours of the business? _____

Please state the number of employees working at the site of the business: _____

Please state how many employees do not live at the place of the business: _____

TRAFFIC/VEHICLES

Please state the number and type of vehicles/equipment used with the business: _____

Please state the number of employee vehicles parked on the premises of the business: _____

Please state the number of customers/clients visiting the business at any one time: _____

ZONING/BUILDING COMMISSIONER

Does the business conform to zoning? _____

Is the business being conducted as a home occupation? _____

Was/is a special permit required for the operation of the business? _____

FIRE

List any flammable/combustible chemicals/materials used as a necessary process of the business: _____

Are the amounts of chemicals/materials greater than the amount found in a typical household? If so, list quantities: _____

Is there any storage of fuel on the premises? (Fuel tanks for home purposes such as heating, hot water, or appliances are exempt. Fuel stored for equipment such as lawn mowers, snow mobiles, snow blowers that are for the maintenance or enjoyment of a typical home is also exempt.) _____

HEALTH

Does the business involve the preparation of food for the sale or consumption outside of the place of business? _____

Has the business owner received necessary approvals from the Board of Health for a vendor's license? _____

For Internal Review Only (Circle Appropriate Determination)

Fire: Approve / Disapprove / Time Expired

Board of Health: Approve / Disapprove / Time Expired

Planning: Approve / Disapprove / Time Expired

Building Dept.: Approve / Disapprove / Time Expired

Assessors Office: Approve / Disapprove / Time Expired

