

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? \_\_\_\_\_

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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:

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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

