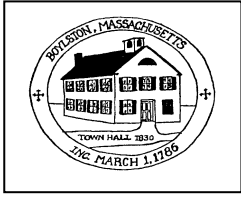


Certificate Number: _____



Town of Boylston

Office of the Town Clerk
221 Main Street
Boylston, MA 01505

Business Certificate/DBA

Today's date: _____

Expiration date: _____

In conformity with the provisions of MGL Ch110:5 as amended, the undersigned hereby declare(s) that a business will be operating under the title of:

Business Name: _____

Street Address: _____ Zoning District: _____

Mailing Address: _____

Phone: _____ Email: _____

Description / Purpose of Business:

Do you run your business out of your home? (If yes, complete Home Occupation Application) Yes ☐ No ☐

Is your business a corporation that has been filed with the Commonwealth of Massachusetts? Yes ☐ No ☐

Owner's Name	Residence	Phone Number
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Owner's Name	Residence	Phone Number
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PLEASE NOTE: All home occupations require a Home Occupation Application approved by the Building Department

I understand that the business for which I am seeking this Certificate may be subject to local regulations and that the issuance of this Certificate does not document compliance with any of those regulations, nor does it in any manner waive the Town of Boylston's ability to enforce those regulations. It is my obligation to ensure that the business for which this Certificate is sought receives all other required local and state approvals prior to conducting any business operations.

I certify under penalties of perjury that the above is true to the best of my knowledge and belief. *(To be signed in the presence of the Boylston Town Clerk or another Notary Public. Notary Public: Please include Commission expiration date.)*

Owner's Signature _____

Second Owner's Signature *(if applicable)* _____

Town Clerk /Notary Public Signature _____

Date _____