



The Commonwealth of Massachusetts

TOWN OF MAYNARD

BUSINESS CERTIFICATE APPLICATION

In conformity with the provisions of C.110 §5 of the General Laws, as amended, the undersigned hereby declare(s) that the title of:

Name of Business: _____

Corporate Name: _____

Nature of Business: _____

Location of Business: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

EIN or SS No: _____

by the following named person(s):

Owner(s) Full Name

Owner(s) Residential Address

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Is the business operated from a residence? ____ No ____ Yes *If yes, please check all that apply:*

Yes

No

Is the business run entirely from your home and only by the people who live there?

Is the business limited to a home office only?

If you answered 'NO' to either of the questions above, you must consult with the Office of Municipal Services- ZBA before a business certificate can be issued

Yes

No

Does the business produce offensive noise, vibration, smoke, dust, odors, heat, lighting, electrical interference, radioactive emission, or environmental pollution?

Does the business utilize exterior storage of material or equipment?

Does the business exhibit any exterior indication, including signs, of its presence or any variation from residential appearance?

Does the business produce more than two (2) customer, pupil, or client trips to the occupation site per day?

Does the business have any nonresident employees?

Will the business have on site cooking/baking? On site chemicals?

If you answered 'YES' to any of the questions above, you must consult with the Office of Municipal Services- ZBA/BOH before a business certificate can be issued

Signed under penalties of perjury

Signature

Date