



The Commonwealth of Massachusetts  
Town of Middleborough

**BUSINESS CERTIFICATE**

Fee: \$40.00 (for four years)

Issue date: \_\_\_\_\_

Expires: \_\_\_\_\_

Renewal                      New

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

Name of Business: \_\_\_\_\_,  
Nature of Business: \_\_\_\_\_ is conducted at  
Location of Business in Middleborough: \_\_\_\_\_ Map/Lot # \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_, or via email /phone at  
Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**by the following named person (s):**

	Owner (s) Full Name (s) *	Owner Residence Address (es)
1.	_____	1. _____
2.	_____	2. _____
3.	_____	3. _____
4.	_____	4. _____

\* If a corporate officer, include the title of signing officer.

Notary required ONLY when not signed in the presence of the Town Clerk

**Owner Signatures below -- Sign ONLY in the PRESENCE of a Notary Public OR the TOWN CLERK**

*Signed under penalties of perjury:*

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

The Commonwealth of Massachusetts                      **Plymouth, SS.**                      Date: \_\_\_\_\_

Personally appeared before me the above-named \_\_\_\_\_  
proved through satisfactory evidence of identification, which was a \_\_\_\_\_ to be the person(s) whose  
name is signed on the above document who swore or affirmed to me the contents of the document are truthful and accurate  
to the best of their knowledge and belief.

Notary Public: \_\_\_\_\_

(Town Seal)

(Notary Seal)

\_\_\_\_\_  
Allison J. Ferreira, Town Clerk

Notary expires: \_\_\_\_\_

*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 every four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. A statement must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business.*



The Commonwealth of Massachusetts  
Town of Middleborough

**BUSINESS/LOCATION**  
**EMERGENCY CONTACT INFORMATION FORM**

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

IS THIS A HOME BUSINESS? \_\_\_\_\_ YES \_\_\_\_\_ NO

PROPERTY OWNER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER TELEPHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)  
\_\_\_\_\_ (BUSINESS)

BURGLAR ALARM COMPANY: \_\_\_\_\_

BURGLAR ALARM COMPANY PHONE #: \_\_\_\_\_

FIRE ALARM COMPANY: \_\_\_\_\_

FIRE ALARM COMPANY PHONE #: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PRIMARY CONTACT PHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

SECONDARY CONTACT: \_\_\_\_\_

SECONDARY CONTACT PHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)



The Commonwealth of Massachusetts

Town of Middleborough

**BUSINESS CERTIFICATE SIGN-OFF LISTING**

A business certificate does not give you permission to operate your business, it only registers your business name. It is your responsibility to obtain all appropriate permits and/or licenses for your business from the appropriate departments and licensing authorities. This form is intended to assist you in obtaining the information you may need. Once you have obtained the required signatures listed below and any required documentation, you may apply for a business certificate at the Town Clerk's Office.

**1. BUILDING DEPARTMENT:**

This individual has been informed of any permit requirements that pertain to this type of business. A Business Certificate will not be issued if the proposed business is not allowed by zoning or requires special permits before it can comply. The business will be conducted in a \_\_\_\_\_ zone. The applicant shall comply with regulations set forth in the Town of Middleborough Zoning By-Laws for the \_\_\_\_\_ zone.

\_\_\_\_\_  
Authorized Signature \*\*      Date

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

**2. TREASURER/COLLECTOR:**

Does this Property Owner/Petitioner/Applicant owe taxes/municipal charges that remain unpaid for more than one year? \_\_\_\_\_  
(Yes or No)

\_\_\_\_\_  
Authorized Signature \*\*      Date

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

**3. HEALTH DEPARTMENT:**

\_\_\_\_\_  
Authorized Signature \*\*      Date

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_