



COMMONWEALTH OF MASSACHUSETTS
City of Easthampton

BUSINESS CERTIFICATE

DATE: _____

In conformance with the provisions of Massachusetts General Laws, Chapter 110, Section 5, as amended, the undersigned hereby declare (s) that a business under the title of :

is conducted at: _____

in the City of Easthampton, Massachusetts by the following named person(s):

Printed Name(s):

Printed Home Address:

Signature(s):

.....
Commonwealth of Massachusetts

_____ ss.

Date: _____

Personally appeared before me the above named: _____

_____ and made oath that the foregoing statement is true.

(Notary Seal)

Notary Public

My commission 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 each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

DATE OF CERTIFICATE EXPIRATION: _____ Recorded in Book: _____ Page: _____

Building Inspector or City Planner Approval: _____ Date: _____

For purposes of the Building Inspector and Board of Health, please fill in the following information about your business:

Name of Business: _____

Address: _____

Owner's Phone #: _____

Owner's E-mail address: _____

****Please include a copy of your ID (driver's license, etc.)****

The cost for the 4-year business certificate is \$40.00.
Checks may be made payable to the "City of Easthampton"

PLEASE DESCRIBE YOUR BUSINESS:

Will there be storage of vehicles or materials on site? YES NO

If so, where and what type of materials: _____

Will you be installing a business sign? YES NO

If yes, please contact the Building Inspector for permitting and zoning information

Circle any/all categories that are involved with this business:

Serving or selling food to the public, bed & breakfast, tanning facility, body piercing, tattoo parlor, refuse/septic hauling, keeping of farm animals, hazardous waste (including photographic chemicals), sale of tobacco products, funeral home, day care facility, colonic therapy, medical facility, or other activity which may involve Health Department oversight.