

THE COMMONWEALTH OF MASSACHUSETTS

Town of Carlisle



BUSINESS CERTIFICATE (DBA)

\$25.00

Date: _____, 20__

This certificate registers the name of your business as required under chapter 110, it offers no authorization regarding the legality of your business, nor does it complete your requirement to comply with local and state zoning ordinances. This does not trademark your business name.

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

Business Address: _____ in the Town of Carlisle, MA

Corporation Name (if applicable): _____ by the following named persons:

Table with 3 columns: Owner/Officers of Corp. Name (Please Print), Residence Address (Street, City, State and Zip Code), Signature (Sign in Presence of Notary or Town Clerk). Rows 1, 2, 3.

Description of Business: _____

Phone Number: _____

Email Address: _____

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.

Commonwealth of Massachusetts

Middlesex ss.

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____,

who proved to me through satisfactory evidence of identification, which was _____, to

be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.



(Notary or Town Clerk Staff Please Print Name)

(Notary or Town Clerk Staff Signature)

Commission Expires: _____

Town Clerk Use Only:

Expiration Date: _____



HOME BUSINESS FORM

Applicant Information

Name _____ Date _____
Address _____ Phone _____
Address of Occupation/Business (if different) _____
Are you the Owner or Tenant? (Circle one) Owner Tenant *If tenant, please provide letter of acknowledgement from owner.*

Occupation/Business Information

Type of occupation/business _____
D.B.A. _____
Brief description of what is involved in the operation of the occupation/business _____
Will this occupation/business be secondary to the main use? (Circle one) Yes No
Number of employees including yourself _____
Will there be any external changes to the property (i.e. structure(s), land, etc.?) (Circle one) Yes No
Will there be storage of materials, equipment or product on the premises? (Circle one) Yes No If yes, please specify type, storage, location and quantity. _____
Will there be deliveries made to the premises? (Circle one) Yes No If yes, please specify type of deliveries and frequency. _____
Will there be customers/clients visiting the premises? (Circle one) Yes No If yes, please specify number of clients/customers and frequency. _____
Will there be any signage advertising occupation/business? (Circle one) Yes No
If yes, will it be affixed to the house or supported by a post/pole? (Circle one) Affixed Supported
Please specify size of sign and wording _____

Office Use Only

Approved _____ Denied _____ Date _____
Reason for denial _____
Signature of Building Official _____