



TOWN OF CARLISLE MASSACHUSETTS
66 WESTFORD STREET
CARLISLE, MA 01741

**APPLICATION/RENEWAL FOR
BUSINESS CERTIFICATE**

All applications must meet the Carlisle Zoning Bylaws Section 3.2
FEE: \$25.00 for four (4) year certificate

Phone: (978) 369-6155
Fax: (978) 371-0594

Street Address: _____ Zoning District: _____

Owner or Tenant: _____

Second Signature (Business Partner, if needed): _____

Business Name: _____ Phone #: _____

Detailed Description of the Proposed Business: _____

Certification Clause:

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory) _____

By Corporate Officer (Mandatory if Applicable) _____

**Social Security Number or Federal ID Number _____

*This license will not be issued unless this certificate is signed by applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. 62C, S 49A.

\$25.00 fee

Check No. _____

Owner's Signature: _____

Date: _____

Date: _____

Town Clerk: _____

Date: _____