

Town of Boxborough



Office Use Only	
NEW	_____
RENEWAL	_____
\$	_____

APPLICATION FOR BUSINESS CERTIFICATE

DATE OF APPLICATION: _____

NAME OF BUSINESS: _____

LOCATION: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____

NATURE OF BUSINESS: _____

SPECIAL LICENSE REQUIREMENTS: _____

OWNERS:	ADDRESS:
_____	_____
_____	_____

The signatories below acknowledge that a Business Certificate is not proof of conformity to Zoning by-laws or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and Health Agent in order to comply with Town by-laws, rules and regulations.

SIGNATURE OF APPLICANTS:

On _____ the above named person personally appeared before me and made oath that the foregoing statements above are true.

Elizabeth A. Markiewicz
Town Clerk of Boxborough

NOTARY
(seal)