

Town of Boxborough



Office Use Only

NEW _____

RENEWAL _____

\$ _____

APPLICATION FOR BUSINESS CERTIFICATE

DATE OF APPLICATION: _____

NAME OF BUSINESS: _____

LOCATION: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____

EMAIL: _____

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.

Rebecca J. Harris
Town Clerk of Boxborough