

Town of Tewksbury

BUSINESS CERTIFICATES

The Policy of the Town Clerk's Office is to inform the applicant:

1. They are registering their Business Name Only
2. The Business Certificate is not a Permit to conduct Business in a Residential District
3. The Business Certificate carries no Zoning benefits
4. The applicant must comply with the Zoning By-Laws and other Regulations

SUMMARY OF MASSACHUSETTS GENERAL LAWS (MGL) CHAPTER 110:5

BUSINESS CERTIFICATE (DBA)

WHO MUST FILE? Any person conducting business, in the Town of Tewksbury, under any title other than the complete real name of the owner, whether individually or as a partnership should file.

WHERE TO FILE? File with the Office of the Town Clerk, in the Town where the office (Business) of any such person, partnership or corporation is located.

DOES A BUSINESS CERTIFICATE EXPIRE? A Business Certificate is in force and effect for four (4) years from the date of issue. A new filing must be made every four (4) years as long as the business is being conducted.

WHAT ABOUT A CHANGE?

WHEN: *Discontinuing the business or partnership;

*Retiring or Withdrawing from such business or partnership;

*Change of residence of such person(s);

*Change of the location where the business is conducted;

**SUCH CHANGES MUST BE FILED WITH THE OFFICE OF THE TOWN CLERK.

DO I HAVE TO DISPLAY THE BUSINESS CERTIFICATE? No. You must provide a copy upon request, during regular business hours, to any person who has purchased goods or services from your business.

FEES

Business Certificate Filing \$40.00 (Includes one certified copy)

Withdrawals, Discontinuances Address Changes, Changes, Etc. \$10.00 (Includes one certified copy)

FILING A BUSINESS CERTIFICATE BY MAIL:

*Obtain the Business Certificate Form from the Office of the Town Clerk.

*Fill out completely, except for the expiration date.

*Sign the Business Certificate Form in the presence of the Town Clerk **OR** a Notary Public.

*If a partnership, **EACH** individual must sign the Business Certificate Form in the presence of the Town Clerk **OR** a Notary Public.

*Mail the Business Certificate Form, Tax Compliance Form, and Emergency form with a check or money order, payable to the Town of Tewksbury, Office of the Town Clerk, 1009 Main Street Tewksbury, MA 01876

PENALTIES: Violation of the above provision shall be subject to a fine of not more than \$300.00 for each month during which such violation continues.

FILING FEE \$40.00

() New
() Renewal

TOWN OF TEWKSBURY
BUSINESS CERTIFICATE

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of:

_____ at

Address

Business Phone Number

By the following named person(s): (Include Corporate Name and Title, if Corporate Officer)

FULL NAME

RESIDENCE

=====
NATURE OF BUSINESS:
=====

SIGNATURES:

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

Social Security/Federal ID Number: _____
Driver's License Number: _____
Home Phone Number: _____

(SEAL) _____
Commission Expiration Date Notary Public/Justice of the Peace

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of MGL, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawal from such business of partnership.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues.

CERTIFICATE EXPIRES ON _____

Statement of Discontinuance, Change of Residence, Change of Location of Business, Withdrawal, or Deceased from Business or Partnership

1) In conformity with the provision of Chapter 110, Section 5 of the Mass. General Laws, the undersigned hereby declare(s) that we(I) have this day

___ Discontinued ___ Withdrawn from Filed on Date _____

the business known as _____ conducted at _____ as set forth.

NAME

ADDRESS

2) The location of ___ the business ___ my residence as it appears on the business certificate of:

_____ filed on _____ has been changed to _____

3) As Executor or Administrator for the Estate of _____ who died on _____ I hereby request a

___ Discontinuance of the business certificate ___ Withdrawal of his/her name from the business certificate filed on _____ in the name of _____

SIGNATURE(S):

On _____ the above named person(s) appeared before me and made oath that the foregoing statement is true

(SEAL) _____ Commission Expiration Date _____ Notary Public/Justice of the Peace

Identification Presented: Driver's License # _____

Other _____

TOWN OF TEWKSBURY

TAX COMPLIANCE FORM

Company Name

DBA Expiration Date

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

Signature of Individual

OR

By: Corporate Officer

Print Name

Print Name

** Social Security # Voluntary
or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the 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 Massachusetts General Law, Chapter 62C, Section 49A.

Tewksbury Police/Fire Emergency Information

Business Name: _____

Address: _____ Suite # _____

Phone: _____ Cell Phone: _____

Business Owner: _____ Phone: _____

Email Address: (Optional) _____

Alarm Company: _____ Phone: _____

Type of Business: _____

Business Hours: _____

Emergency Notification List:

| Name | Phone |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

Please note any other information you feel the Police and Fire would need to know in the event of any emergency at your business.
