

Town of Weston Business Certificate

Permit Number: _____

Received and filed in the
Office of the Town Clerk
ON: _____
BY: _____



	Building Department
	Board of Health
	Town Clerk

In conformity with the provisions of Ch. 110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title below:

Name of Business:	
Nature of Business:	
Location of Business:	
Address:	WESTON, MA 02493
Phone:	
E-Mail:	

Please provide street address. List mailing address as well if different.

By the following named persons:

Name(s)	Residence
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
 <u>Signatures</u>	
1. _____	3. _____
2. _____	4. _____

Complete this section if the business is located at a residential address

1. Is the occupation conducted in an accessory structure?	YES	NO
2. Does the occupant have at least 50% interest in the business?	YES	NO
3. Will there be more than one business vehicle on the premises?	YES	NO
4. Will the vehicle be rated to carry more than 2 tons?	YES	NO
5. Will there be any visible exterior storage?	YES	NO
6. In addition to the occupant, will there be more than 3 regular employees?	YES	NO
7. Any traffic not consistent with a single family residence?	YES	NO
8. Is there adequate parking on the lot?	YES	NO

Middlesex, ss.

Personally appeared before me the above-named: _____

and made oath that the foregoing statement is true.

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.

Expiration Date: _____

(seal)

Town Clerk: