

# TOWN OF MEDFIELD

TOWN CLERK

## BUSINESS CERTIFICATE/BUSINESS LICENSE APPLICATION

459 Main Street  
Medfield, Massachusetts 02052

(508) 906-3024  
Fax: (508) 359-6182  
town.medfield.net

Intended Business Name: \_\_\_\_\_

Intended Business Address: \_\_\_\_\_

Intended Business Owner: \_\_\_\_\_

Mailing Address (if different than intended business address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website address: \_\_\_\_\_

If intended Business Owner is not property owner, please fill out property owner section:

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of the intended business: \_\_\_\_\_

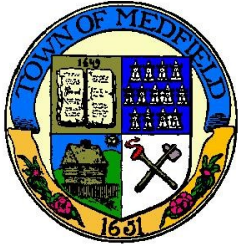
\_\_\_\_\_  
\_\_\_\_\_

Will intended business be conducted out of your Medfield Residence ? YES NO

**I HAVE READ THE "MEDFIELD ZONING BYLAW" THAT OUTLINES "HOME OCCUPATIONS"**

INITIALS:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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## BUSINESS CERTIFICATE/BUSINESS LICENSE

459 Main Street  
Medfield, MA 02052

**CERTIFICATE**

**NUMBER #**

Date: \_\_\_\_\_

New              Renewal

In conformity with the provisions as outlined in M.G.L Ch 110. 5, as amended, the undersigned hereby declares that a business under the title of:

\_\_\_\_\_  
Title of Business

Business named above will be conducted at \_\_\_\_\_, Medfield, MA 02052

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone **and** email: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

Fed Id # or Social Security # \_\_\_\_\_

Signature of Town Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Certificate/License Expires on: \_\_\_\_\_