

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:

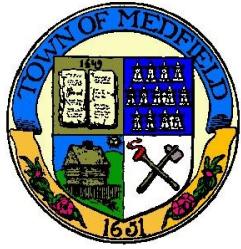
Will intended business be conducted out of your Medfield Residence ? YES NO

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

INITIALS:



Signature of Applicant: _____ Date: _____



TOWN OF MEDFIELD
TOWN CLERK

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: _____