



## City of Marlborough, Massachusetts CITY CLERK DEPARTMENT

**Steven W. Kerrigan**  
**City Clerk**

### Business Certificate Application Guidelines

- ✓ The Tax Certification form **MUST** have the City Tax Collector signature prior to being processed by the City Clerk's Office.
- ✓ The Building Department Affidavit (form is 2-sided) and Application for Use or Change of Use **MUST** be completed and signed by a Building Department Official **BEFORE** a Business Certificate can be issued. **We recommend that you proceed to the Building Department as soon as possible after filling out the required Building Department forms.**
- ✓ Once you have the appropriate forms signed off by the Building Department and Tax Collector, you may bring all the forms to the City Clerk's Office. You should have the Business Certificate Application, Tax Certification and Building Department forms. We will then process the application and provide you with a certified copy of the Business Certificate upon remittance of the fee.
- ✓ You must be specific relevant to the type of business which is listed on the Business Certificate Form.
- ✓ The Business Certificate Application **MUST** be signed either in our presence *or* in the presence of a notary.
- ✓ The filing fee for a Business Certificate is \$20.00 and expires four (4) years from the date of issuance. There are no reminders to renew your business certificate.
- ✓ You also can visit the [www.mass.gov](http://www.mass.gov) and click on "Working" link at the top of the page. Then click on "Business Resources" There is a additional information related to starting a business.
- ✓ Any change in a Business Certificate, such as discontinuance, amendment or withdrawal **MUST** be recorded in the City Clerk's Office. These forms are available upon request and the appropriate fee will apply.

- **MGL, CHAPTER 110 LABELS, TRADE MARKS, NAMES AND REGISTRATION THEREOF**
- **Section 5** Certificates of persons conducting businesses; contents; filing; fees; index

Section 5. Any person conducting business in the commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, shall file in the office of the clerk of every city or town where an office of any such person or partnership may be situated a certificate stating the full name and residence of each person conducting such business, the place, including street and number, where, and the title under which, it is conducted, and pay the fee as provided by clause (20) of section thirty-four of chapter two hundred and sixty-two. Such certificate shall be executed under oath by each person whose name appears therein as conducting such business and shall be signed by each such person in the presence of the city or town clerk or a person designated by him or in the presence of a person authorized to take oaths. The city or town clerk may request the person filing such certificate to produce evidence of his identity and, if such person does not, upon such request, produce evidence thereof satisfactory to such clerk, the clerk shall enter a notation of that fact on the face of the certificate. A person who has filed such a certificate shall, upon his discontinuing, retiring or withdrawing from such business or partnership, or in the case of a change of residence of such person or of the location where the business is conducted, file in the office of said clerk a statement under oath that he has discontinued, retired or withdrawn from such business or partnership or of such change of his residence or change of the location of such business, and pay the fee required by clause (21) of said section thirty-four. In the case of death of such a person, such statement may be filed by the executor or administrator of his estate. The clerk shall keep a suitable index of all certificates so filed with him which are currently in force and effect, setting forth the pertinent facts, including a reference to any statement of discontinuance, retirement or withdrawal from, or change of location of, such business, or change of residence of such person. 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. 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 of this section shall be punished by a fine of not more than three hundred dollars for each month during which such violation continues.



# BUSINESS CERTIFICATE APPLICATION

## COMMONWEALTH OF MASSACHUSETTS

### MARLBOROUGH

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

In conformance with MGL, Chapter 110, Section 5 the undersigned hereby declare(s) that a business under the title of:

BUSINESS NAME: \_\_\_\_\_

ADDRESS:

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_

MARLBOROUGH, MA 01752

TELEPHONE NUMBER: \_\_\_\_\_

PROPOSED USE (please describe): \_\_\_\_\_

SOLE PROPRIETOR OR PARTNERSHIP

NAME(S)  
(Print legibly)

RESIDENTIAL ADDRESS:

**OR** CORPORATION NAME: \_\_\_\_\_

**AND** NAME, RESIDENTIAL ADDRESS, AND PHONE NUMBER OF INDIVIDUAL LOCALLY IN CHARGE OF THE OPERATION

(Print legibly)

NAME

RESIDENTIAL ADDRESS

PHONE:

**DO NOT SIGN UNLESS IN THE PRESENCE OF THE CLERK'S OFFICE OR A NOTARY PUBLIC**

SIGNATURE(S) OF SOLE PROPRIETOR **OR** PARTNER(S) **OR** CORPORATE OFFICER

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

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

The above-named person(s) personally appeared before me and made oath that the foregoing statements is true.

\_\_\_\_\_  
City Clerk or Notary Public

\_\_\_\_\_  
My Commission Expires

A certificate issued in accordance with this section shall be in force and effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. 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 of this section shall be punished by a fine of not more than three hundred dollars for each month during which such violation continues.

The filing of this form in no way implies permission, or approval to conduct any business in accordance with the Marlborough Zoning Ordinance or any Massachusetts General Law or Regulation.



**City of Marlborough, Massachusetts  
CITY CLERK DEPARTMENT**

**Steven W. Kerrigan  
City Clerk**

# **TAX CERTIFICATION**

I/we certify under the penalties of perjury, to the best of my/our knowledge and belief, I/we have paid all taxes owed to the City of Marlborough as required under the law.

## **INDIVIDUAL/PARTNERSHIP**

\_\_\_\_\_  
Individual/Partner Signature

\_\_\_\_\_  
Individual/Partner Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Driver License Number

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## **CORPORATION**

\_\_\_\_\_  
Corporate Name (Mandatory)

\_\_\_\_\_  
By: Signature of Corporate Officer

\_\_\_\_\_  
Federal Tax ID Number

A Business Certificate will not be issued unless the certification clause is signed by the applicant and the Tax Collector.

\_\_\_\_\_  
Tax Collector



**City of Marlborough, Massachusetts  
CITY CLERK DEPARTMENT**

**Steven W. Kerrigan  
City Clerk**

**BUILDING DEPARTMENT AFFIDAVIT**

Please print clearly or type out form

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER(S) NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

☐ **Check if this business is located in a residence and you are renting/leasing at the above address**  
(You must then have the owner sign off at the bottom of this form)

Describe the intended business or office use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed under the penalties of perjury that my Home Business/Office described above does and will confirm to the regulations.

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

\_\_\_\_\_  
Date

**HOMEOWNER SIGN OFF**

I hereby certify that as the homeowner I have been informed of the Home Business/Office as described above:

\_\_\_\_\_  
Signature of Home Owner

\_\_\_\_\_  
Date

**HOME OCCUPATION INFORMATION**

(Ch. 650-5b)

An occupation customarily conducted in the place of residence of the operator or of a professional person, or in a building accessory thereto, such as dressmaking, millinery, home cooking, handcraft, specialized cultivation and propagation of houseplants, insects, fish, birds and animals, limited to one litter at a time, or the offices of a physician, surgeon, dentist, real estate agent, teacher, clergyman, artist, lawyer, architect, musician, landscape architect, land surveyor, City planner, broker, engineer, beautician or member of any other recognized profession, provided that not more than three persons are engaged in the activity.

(OVER)

**BUILDING DEPARTMENT AFFIDAVIT – PAGE 2**

**Conditions for uses:**

(Ch. 650-18)

**(7) Customary Home Occupations - Customary home occupations are permitted, provided that:**

- A. No more than 25% of the floor area of the residence is used for the purpose of the home occupation or the professional use or, if an accessory building is used, no more than 30% of the floor area of the accessory building and residence combined.
- B. There is no external evidence of the home occupation or the profession, and no major structural change shall be made in the exterior so as to alter the appearance and character of the residence.
- C. There are not more than two nonresidents employed on the premises.

**Residence Districts:**

(Ch. 526-8)

**In a residence district, or where a residential use legally exists in a nonresidential district, the following signs only are permitted. Such signs may be freestanding signs or flat wall signs.**

**A. Occupant Sign.**

- 1. Name and address. One freestanding sign and one flat wall or nameplate sign of not more than two square feet displaying the street number and/or the name of the occupant of the property.
- 2. Home occupancy sign. The signs permitted in Subsection A(1) above may be increased in area to no more than three square feet in order to allow identification of a customary home occupation as defined in and permitted by Chapter 650. Zoning.

**Off-Street Parking**

(Ch. 650-48)

**In all zoning districts, permanently maintained off-street parking shall be provided as part of the plan for any new construction as follows:**

- 8. Home occupation: one off-street parking space for each nonresident employee and two additional spaces.

**OFFICIAL USE ONLY – TO BE COMPLETED BY A BUILDING OFFICIAL**

Zone: \_\_\_\_\_ Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

APPROVED

NOT APPROVED

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

Reason for Denial: \_\_\_\_\_

Date \_\_\_\_\_

Commonwealth of Massachusetts  
CITY OF MARLBOROUGH  
**APPLICATION FOR USE OR CHANGE OF USE**

The Marlborough City Code requires that a permit be obtained before any land or structure may be used in any way, and before any use may be changed.

► This does not apply to a change of ownership – only to a change in use.

Applications for permits shall be accompanied by **two prints of a plan of the lot**, drawn to scale, showing the actual dimensions of the lot, exact location and size of any existing or proposed buildings and streets and ways adjacent to the lot.

Address of property for which use or change of use is applied for:

\_\_\_\_\_  
No. / Street

\_\_\_\_\_  
Parcel ID#

\_\_\_\_\_  
Zoning District

Assessors Init: \_\_\_\_\_

Description of Use Proposed (as written in Section 650-17 Table of Uses).

Please attach a brief narrative, if necessary.

\_\_\_\_\_  
If Residential, state # of units proposed \_\_\_\_\_

If Business, state exact type \_\_\_\_\_

Present Use of Property, including any existing structures

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Bldg Owner's Name

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Applicant's Phone

\_\_\_\_\_  
Owners Phone

I, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Owner's Signature

I certify that the owner of record below is not delinquent in payments to the City of Marlborough under any circumstances per MGL Chapter 40 Section 57.

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_

**OVER ►**

**FOR ADMINISTRATION USE ONLY – DO NOT WRITE BELOW THIS LINE**

APPROVE \_\_\_\_\_

ZONING CODE \_\_\_\_\_

DENIED \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_  
ZONING AGENT

\_\_\_\_\_  
DATE

Page 1 of 2

**Description of Business:**

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Name and Address of all persons involved in proposed Business: \_\_\_\_\_

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List all major equipment used in this business: \_\_\_\_\_

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What size vehicle will be involved with the business, if any: \_\_\_\_\_

Where on the premises will business be conducted? \_\_\_\_\_

Will there be any exterior changes to this property including signs? \_\_\_\_\_

Will there be any noise, emissions, noticeable to persons adjacent to this property? \_\_\_\_\_

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Will customers visit the property? \_\_\_\_\_ If yes, how many people are expected at one time? \_\_\_\_\_

List materials sold or stored at the property: \_\_\_\_\_

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Is this business solely a telephone or marketing business use? \_\_\_\_\_

Please provide any other information that would allow us to understand your proposed business that you feel is important:

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**Name of Business:** \_\_\_\_\_