

**STURBRIDGE BUSINESS CERTIFICATE** **New** [ ] **Renewal** [ ] **Change** [ ]

Please answer the following questions and submit to the Sturbridge Town Clerk’s Office, **Payable to the Town of Sturbridge** with a $**40 license fee**.

**$10.00 for any required changes.**

Please either type (preferred) or print legibly. **Forms that are illegible will be returned to the applicant**.

# Contact Information

|  |  |
| --- | --- |
| Business Name |  |
| Business Address |  |
| Mailing Address |  |
| Business Telephone |  |
| Manager’s Name |  |
| Manager’s Email & Phone |  |
| Property Owner |  |
| Property Owner Address |  |
| Property-Owner Phone ***&*** Email |  |
| Federal Tax ID # or Social Security # |  |

# Business Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please make sure to visit Board of Selectmen, Board of Health and Fire Depts. for additional permits and or yearly licenses:  **\_\_\_\_\_\_On Line Business**  **\_\_\_\_\_\_Retail Sales**  **\_\_\_\_\_\_Food Service\_\_\_\_\_ Liquor**  **\_\_\_\_\_\_Hotel/ Motel/ Inn**  **\_\_\_\_\_\_Professional Services**  **\_\_\_\_\_\_Agricultural/ Farms Stands**  Please describe your business in detail: | | | | |
| Rehttps://www.sturbridge.gov/planning-board/webforms/zoning-bylaws-use-regulationsfer to the Zoning Bylaws Chapters 5 – 14 to determine the applicable requested use (example, 7.01 (c) Retail Store. [**https://ecode360.com/35316561**](https://ecode360.com/35316561) | | | | |
| Applicable Zoning Bylaw | Chapter: | Section: | Special Permit: | Yes |
| No |
| Hours of Operation |  | | | |

# Town Resources

The Town of Sturbridge provides all businesses with access to staff and online resources. If your business requires staff support please call 508-347-2500 ext. 1411 to speak with the town’s Economic Development and Tourism Coordinator. If you would like to explore the online town resources please go to: [www.town.sturbridge.ma.us/for-business.](http://www.town.sturbridge.ma.us/for-business) Please initial here to acknowledge that that you have read the above paragraph and are aware of the resources provided by the town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| **Finance Director**  *I certify that the taxes are current for the applicant.* | Date |
|  |
| **Zoning Enforcement Officer**  *I verify that this is an allowed use for this location.* | Date |
|  |
| **Board of Health Director/Agent**  *I verify that this business is in compliance at the time of application.* | Date |
|  |

Applicant: I certify that the information entered on this application for Business Certificate is true. An incomplete application may be denied. Signed under the penalties of perjury.

***NOTE****:* ***Signatory must provide proof of identification to Town Clerk when submitting application.***

|  |  |  |
| --- | --- | --- |
|  |  |  |

Applicant Signature Applicant Name (printed) Date