

**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