



Town of Reading
16 Lowell Street
Reading MA 01867

Town Clerk
781-942-9050

fax: 781-942-9070
website: www.readingma.gov

Please be aware that this application is a request for a Business Certificate and not a license or permit to do business. You must obtain all licenses or permits required by the Commonwealth of Massachusetts and the Town of Reading.

Business Certificate Request

Date: _____ Certificate Number: _____

Applicant's Name and Resident Address: _____

Contact Number: _____ E-Mail: _____

Checkboxes for New Business, Business Certificate Renewal, Change of Business Location

DBA - doing business as: _____ Business Name

Business Type: _____

Corporation Name: _____

Address: _____ Proposed Location

Checkboxes for Home Business, Commercially Zoned Property

Building and Zoning

Zoning District: _____ Map: _____ Parcel: _____ Use Code: _____

Based on current Zoning:

- Use permitted
Use requires Zoning Board of Appeals approval
Use requires Community Planning and Development Commission approval
Use not permitted in this Zoning District
Use not permitted due to existing Zoning violations

Building / Zoning Signature

Date

Town Clerk

Date Called: _____ Clerk: _____

Date Business Certificate Issued: _____ Clerk: _____

Clerk Data was entered by: _____



Town of Reading
16 Lowell Street
Reading MA 01867

Town Clerk
781-942-9050

fax: 781-942-9070
website: www.readingma.gov

Please be aware that this application is a request for a Business Certificate and not a license or permit to do business. You must obtain all licenses or permits required by the Commonwealth of Massachusetts and the Town of Reading.

Business Certificate Request - Notary Form

In conformity with the provisions of MGL Chapter 110, Section 5, as amended, the undersigned hereby declares that a business under the title of

DBA - doing business as: Business Name

Business Type:

Corporation Name:

is conducted at

Reading, Massachusetts by the following named persons:

Full Name:

Residence:

[Blank lines for Full Name]

[Blank lines for Residence]

Signed:

Signature

Signature

Signature

Signature

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.

The Commonwealth of Massachusetts

_____, SS _____, 20_____

Personally appeared before me the above-named _____

and made oath that the foregoing statement is true.

Expiration Date: _____

Notary

(Seal)