



TOWN OF WEST BOYLSTON
127 Hartwell St
West Boylston, MA 01583

Number:	_____
Filed:	_____
Expires:	_____

BUSINESS CERTIFICATE- CHANGE FORM

- 1 Statement of Discontinuance, Withdrawal from partnership, or Additional signatory
- 2 Change of Address
- 3 Deceased

1) In conformity with the provisions of Chapter 110, section 5 of the Massachusetts General Laws, the undersigned hereby declares that they have this day;

Discontinued
 Withdrawn from
 Additional Signatory

The business know as _____ Conducted at _____

As set forth in the certificate filed on _____ Type of Business _____

Name _____ SSN _____

Address _____ FIN _____

2) The location of the business filed on _____ the residence as it appears on the business certificate # _____

has been changed to _____

3) As Executor or Administrator for the Estate of _____ who died on _____, I hereby request:

Discontinuance of the business certificate

Withdrawal of his/her name from the business certificate

Filed on _____ in the name of _____

SIGNATURES

On _____ the above named person(s) appeared before me and made oath that the foregoing statement is true.

Assistant Town Clerk

Notary Public

My Commission expires: _____

**APPROVAL OF THE BUILDING DEPARTMENT IS REQUIRED BEFORE A BUSINESS
CERTIFICATE CHANGE CAN BE ISSUED**

Complete this section if business is at a residential address:

- Percent (%) of area in home to be used: _____ % yes no
- Will anyone other than members of the family residing at the premises be employed? yes no
- Will there be parking of any motor vehicles in conjunction with the activity? yes no
- Will there be deliveries over and above the usual residential postal or package delivery to the premises? yes no
- Will there be sales or distribution of any products at the premises? yes no
- Will clients or pupils come to the house for consultation or instruction? yes no
- Will home occupation be conducted in an accessory building? yes no

Complete this section if business is at a business location:

Business Address: _____

Assistant Town Clerk

Business Owner or Representative

<p>Zoning Enforcement</p> <p>Approved _____</p> <p>Disapproved _____</p> <p>Date _____</p> <p>_____ Zoning Enforcement Officer</p>
