



Town of West Boylston

140 Worcester St
West Boylston, MA 01583

Business Certificate Change Form

Number: _____

Filed: _____

Expires: _____

- 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Withdrawn from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 ☐ the residence as it appears on the business certificate #
filed on _____

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

Zoning Enforcement

Approved _____

Disapproved _____

Date _____

Zoning Enforcement Officer