



Town Clerk

TOWN OF HOLBROOK
50 NORTH FRANKLIN STREET
HOLBROOK, MASSACHUSETTS 02343-1502

Telephone
(781) 767-4314

Business Certificate Application

This document serves only as an application for the registration of your business

Name of Business: _____

Address of Business: _____

Description of Business: _____

*You must obtain approval from the following departments PRIOR to being issued a business certificate.
It is the responsibility of the business owner(s) to apply for such approvals.*

Tax Collector/Treasurer: Approved _____ Denied _____ Initials: _____

Board of Health: Approved _____ Denied _____ Initials: _____

Building Inspector: Approved _____ Denied _____ Initials: _____

REASON FOR DENIAL: _____

CONDITIONS: _____

Business Owner(s) Signature

APPLICANT #1

Name: _____

Address: _____ Phone Number: _____

Signature: _____

APPLICANT #2

Name: _____

Address: _____

Signature: _____

Town of Holbrook Business Certificate Application

PLEASE PRINT CLEARLY

Date of Application: _____ Type of Business: _____

Name of Business: _____

Business Address: _____

Business Phone Number: _____

Name of Business Owner: _____

Business Owner's Address: _____

Business Owner's Phone#: _____

Business Owner's Email: _____

I certify under the penalties of perjury that I, to my best knowledge and belief,
have filed all state tax returns and paid all state taxes as required under law.

*Signature of Individual

by Corporate Officer

** Social Security Number voluntary
or Federal Identification Number

*This license will not be issued unless this certificate clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.