

**Town of Lancaster, Massachusetts**

Department of Building Inspection

695 Main Street, Suite 4

Lancaster, MA 01523

**APPLICATION FOR A BUSINESS CERTIFICATE**

**All applications must meet the Lancaster Zoning Bylaws Section 220.9D**

**Fee \$30.00 for four (4) year certificate**

Building Official &  
Zoning Enforcement Officer

Phone: (978) 368-4010  
Fax: (978) 368-4009

**Date:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Owner or Tenant: \_\_\_\_\_

Second Signature (Business Partner): \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Detailed Description of the Proposed Business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification Clause:**

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

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By Corporate Officer (Mandatory if Applicable)

\_\_\_\_\_  
\*\* Social Security Number or Federal I. D. Number

\* This license will not be issued unless this certificate is signed by 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 Mass. G.L. 62C, S 49A.

Fee Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_