



TOWN OF LANCASTER

BUSINESS CERTIFICATE APPLICATION

Filing Fee: \$30.00

New Application Renewal

All applications must meet the Lancaster Zoning Bylaws Section 220.9D

In conformity with the provisions of MGL Chapter 110, Section 5, as amended, the under-signed hereby declare(s) that the following business is located in the Town of Lancaster-

Business Name: _____

Business Street Address: _____

Mailing Address if different from above: _____

Phone #: _____ Email: _____

in the Town of Lancaster by the following person(s):

Full Name	Residential Address	Phone Number	Email Address

Detailed Description of the Proposed Business: _____

This certification expires four (4) years from the date of issue. If you cease conducting business before that time, the law requires that you withdraw this Certificate with the Office of Town Clerk.

*Signature of Applicant or Corporate Name (Mandatory)

By Corporate Officer (Mandatory if applicable)

**Social Security Number or Federal ID 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.*

Owner's Signature: _____

Date: _____

Town Clerk: _____

Date: _____

Building Inspector Signature: _____

Date: _____



Town Of Lancaster

Building Department

701 Main Street

Lancaster, Ma 01523

Home Occupation Application with DBA

Name of Individual(s): _____ Date: _____

Name of Business: _____

Address: _____

Home Telephone: _____ Business #: _____

Cell#: _____ Email: _____

What percentage (%) of floor area of the residence will be used for the occupation? _____

How many persons are to be employed by the business (including applicant)? _____

How many persons are to be employed on the premises (including applicant)? _____

Will there be any exterior display, storage, etc. at the premises? _____

What type and amount of traffic do you expect to generate? _____

What type of parking accommodations will there be for employees? _____

What type of parking accommodations will there be that will service the business? _____

Number of commercial vehicles or trailers that will regularly be at the premises? _____

How many will be regularly parked in garage? _____

Please Note: Not more than 2 commercial vehicles/trailers may be regularly parked outdoors on the premises.

DESCRIPTION OF THE TYPE AND NATURE OF THE BUSINESS: _____

Applicant Signature: _____ Date: _____

This document must be filled out completely and returned to the building department for approval. If not approved, applicant can appeal to the Zoning Board of Appeals for a Variance. Any changes to the business must be submitted in writing for approval prior to their implementation.

Approved: _____ Date: _____

Additional comments: _____
