



# 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: \_\_\_\_\_