



Business Certificate # : \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF MEDWAY

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

In conformity with provisions of Chapter one hundred and ten, section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

\_\_\_\_\_ Title of Business

is conducted at \_\_\_\_\_, Medway, MA.

Address

FULL NAME

RESIDENCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE(S)

\_\_\_\_\_ Signature

\_\_\_\_\_ Signature

.....  
OFFICE USE ONLY

The above named person(s) personally appeared before me and made the oath the the forgoing Statement is true.

\_\_\_\_\_ Signature

TOWN CLERK

Identification presented

Driver's License # \_\_\_\_\_

Certificate Expires \_\_\_\_\_



# TOWN OF MEDWAY BUSINESS CERTIFICATE APPLICATION

PLEASE FILL IN ALL INFORMATION

NAME OF BUSINESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_

OTHER MAILING ADDRESS: \_\_\_\_\_

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

PROPERTY OWNER NAME (if different) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

### GIVE A DESCRIPTION OF THE BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this business be conducted from within your Medway residence?  YES  NO

If yes, you must read *Conducting a Business From Your Medway Home* which the Town Clerk will provide to you.

With my signature, I apply for a Medway Business Certificate. If applicable, I have read *Conducting a Business From Your Medway Home*. I understand the limitations and performance standards for running a home based business and agree to abide by these standards. I understand I may be subject to violations and penalties if I fail to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....  
**Zoning Enforcement Officer's Action**

Zoning District \_\_\_\_\_

\_\_\_\_\_ Business Certificate Approved

\_\_\_\_\_ Business Certificate Denied. Applicant is referred to the Zoning Board of Appeals to apply for a Special Permit.

Explanation for Denial and Referral

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Enforcement Officer

\_\_\_\_\_  
Date