



Town Of Boxford
7A Spofford Road
Boxford, Massachusetts 01921

Office of
The Town Clerk

Robin Phelan
rphelan@town.boxford.ma.us
Telephone: 978-887-6000
x151
Fax: 978-887-0943

Business Certificate Information

Business Name: _____

Address: _____

Phone Number: _____

Owners: _____

Description of services business offers: _____

Date: _____

The Commonwealth of Massachusetts

Town Of Boxford Business Certificate

_____ 20 _____

In conformity with the provisions under 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 _____

Is conducted at Number _____ Street

Town of _____ by the following named person(s):

Full Name(s)

Residence(s)

Signed

(Signature)

The signatories above acknowledge this certificate is not proof of conformity to the Zoning by-laws or Board of Health regulations. It is the responsibility of the applicant to contact the Building Inspector and the Health Agent in order to comply with Town by-laws, rules, and regulations

The Commonwealth of Massachusetts

_____ SS. _____ 20 _____

Personally appeared before me the above-named _____

and made the oath that the foregoing statement was true.

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration Date: _____

(Title)