



Town Of Boxford  
7A Spofford Road  
Boxford, Massachusetts 01921

Office of  
The Town Clerk

Robin Phelan  
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## Business Certificate Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

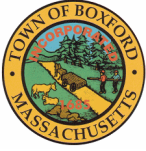
Phone Number: \_\_\_\_\_

Owners: \_\_\_\_\_

Federal Employee Identification Number (FEIN) : \_\_\_\_\_

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 \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Is conducted at number \_\_\_\_\_ Street

In the Town of \_\_\_\_\_ by the following named person(s):

V \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

V \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Building Inspector \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Health Agent \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Commonwealth of Massachusetts**

\_\_\_\_\_ SS. \_\_\_\_\_ 20 \_\_\_\_\_

Personally appeared before me the above-named \_\_\_\_\_  
& 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

**License Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

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

Office of the Town Clerk