



**TOWN OF HOPEDALE  
BUSINESS CERTIFICATE APPLICATION**

PLEASE FILL OUT ALL INFORMATION

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

DBA (if applicable) \_\_\_\_\_

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

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

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

GIVE A DESCRIPTION OF THE BUSINESS

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

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

With my signature, I apply for a Hopedale Business Certificate. I understand the limitations and performance standards for running a home based business and agree to abide by those standards. I understand I may be subject to violations and penalties if I fail to do so.

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

\_\_\_\_\_  
Date

\*\*\*\*\*

Zoning Enforcement Officer

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

**\*\*\* AFTER APPLICATION IS SIGNED OFF BY THE ZONING ENFORCEMENT OFFICER, PLEASE TAKE THE APPLICATION AND A CHECK FOR \$40 MADE PAYABLE TO THE "TOWN OF HOPEDALE" TO THE TOWN CLERK TO OBTAIN YOUR BUSINESS CERTIFICATE.**