



**TOWN OF HOPEDALE
BUSINESS CERTIFICATE APPLICATION**

PLEASE FILL OUT ALL INFORMATION

NAME OF BUSINESS _____

DBA (if applicable) _____

LOCATION ADDRESS _____

NAME OF BUSINESS OWNER _____

RESIDENTIAL 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

If yes, will any customers be coming to your home? ____ YES ____ NO

Will there be any deliveries to/from this location? ____ 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

*****WHEN COMPLETE PLEASE RETURN TO TOWN CLERKS OFFICE*****

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Zoning Enforcement Officer's Action

Zoning District _____

_____ Business Certificate Approved

_____ Business Certificate Denied. Applicant is referred to the Zoning Board to apply for a Special Permit

Explanation for Denial and Referral

Signature of Zoning Enforcement
