



**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.**