

Business Certificate Information and Instructions

In accordance with the provisions of Chapter 110, Section 5 of Massachusetts General Law, Business Certificates shall be in effect for four years from the date of issuance and may be renewed each four years thereafter.

A statement under oath must be filed with the City Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

The filing fee for a Business Certificate in the City of Westfield is \$25.00.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business.

The filing and/or issuance of a Business Certificate does not imply compliance with the Zoning Ordinance nor is a Business Certificate a license or permit to conduct business in the City of Westfield.



City of Westfield, Massachusetts City Clerk's Office

BUSINESS CERTIFICATE

Fee:
\$25.00

Date: _____

IN conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declares(s) that a business

Under the title of: _____

(Type of Business): _____

Is conducted at: _____, Westfield, MA

Business Phone Number: _____

By the following individual (s) or Corporation	Signature	Corporation or Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Signatures must be signed in presence of a City Official or Notary.

THE COMMONWEALTH OF MASSACHUSETTS

Date of Oath: _____
Personally appeared before me the above-named:

Signed and made oath that the foregoing statement is true.

(Name of City Official)

(Title)

Date Filed in the City Clerk's Office

Expiration Date: _____
(Expires in Four Years)

Hampden County, ss.
FOR NOTARY USE

On this _____ day of _____, 20____
personally appeared before me, proved to me through
Satisfactory evidence of identification which were:

to be the person who signed the preceding document in
My presence and make oath that the contents of the
document are truthful and accurate to the best of
(his) (her) knowledge and belief.

Signature & Seal of Notary: _____

Commission Expires: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	--

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office

6. Other _____

Contact Person: _____ Phone #: _____