



The Commonwealth of Massachusetts

\$30.00

Town of Clinton

Business Certificate (DBA)

Book # _____ Page # _____

Date:

Business Name: _____ is conducted at

Business Address: _____ in the Town of Clinton

by the following person(s)

<u>Owner Name(s)</u>	<u>Residence Address</u>	<u>Signature</u>
1		
2		

Description of Business:

Phone Number:

Tax ID or SS#:

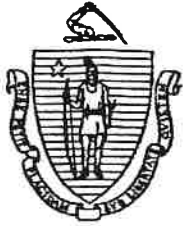
In accordance with the provisions of Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for **four years from date of issue** and shall be renewed every four years thereafter. A statement under the oath must be filed with the Town Clerk upon discounting, retiring, or withdrawing from such business or partnership.

Town Clerk's Signature or Notary Public

Certificate Expiration Date

Building Inspector's Signature

Town Seal



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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. 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]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*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 #: _____

Town of Clinton
242 Church Street
Clinton, MA 01510

Home Occupations

3310. Home Occupations As of Right

A home occupation may be allowed as of right, provided that it:

- 3311.** is conducted solely within the dwelling and solely by the person(s) occupying the dwelling as a primary residence.
- 3312.** is clearly incidental and secondary to the use of the premises for residential purposes.
- 3313.** does not produce offensive noise, vibration, smoke, dust, odors, heat, lighting, electrical interference, radioactive emissions or pollution in accordance with the provisions of Section 5500.
- 3314.** does not utilize exterior storage of material or equipment (including the commercial vehicles);
- 3315.** does not exhibit any exterior indication of its presence or any variation from residential appearance;
- 3316.** does not produce customer, pupil, client, or delivery trips to the occupation site and has no nonresident employees;
- 3317.** is registered as a business with the Town Clerk.

3320. Home Occupation-By Special Permit

A home occupation may be allowed by special permit issued by the Board of Appeals provided that it:

- 3321.** fully complies with Sections **3312, 3313, 3314,** and **3317,** above
- 3322.** is conducted within a dwelling solely by the person(s) occupying the dwellings as a primary residence and, in addition to the residents of the premises, by not more than two additional employees:
- 3323.** does not exhibit any exterior indication of its presence, or any variation from appearance, except or a sign or name plate in compliance with Section 5300:
- 3324.** a special permit for such is granted by the Board of Appeals, subject to conditions including, but not limited to, restrictions of hours of operation, maximum floor area, off-street parking, and maximum number of daily customer or daily trips. Such special permit shall be limited so five years, or the transfer of the property, whichever first occurs.

Provide a document explaining what type of business you are applying for

Name of Business _____

Owner of Home/Business _____

Address of Home/Business _____

Telephone Number Work _____ Cell _____ Business _____

Signature(s) _____ Date _____

Signature(s) _____ Date _____

By signing this document, you state that are fully aware of these requirements.