

# BUSINESS CERTIFICATE APPLICATION PACKET

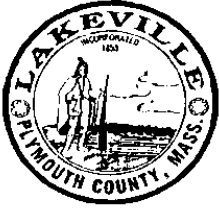
*Town of Lakeville*  
346 Bedford Street  
Lakeville, MA 02347

***All forms must be completed and returned to the Town Clerk's office before the Business Certificate can be issued.***

## **Residential Business**

- ☐ Business Certificate Application
- ☐ Notice to Tax Collector
- ☐ Home Occupancy Permit
- ☐ Copy of Federal EIN *(if applicable)*
- ☐ Articles of Organization *(if applicable)*
- ☐ Valid *Government Issued* **Identification**
- ☐ \$30.00 Filing Fee *(cash or check – payable to The Town of Lakeville)*

*Please Note: If business owner is not present to sign the business certificate, he or she must have the certificate notarized and returned to the Town Clerk's office in order for it to be issued.*



**BUSINESS CERTIFICATE**  
**APPLICATION**

**Fee: \$30.00**

Cash ☐

Check ☐ # \_\_\_\_\_

*Town of Lakeville*

**346 Bedford Street  
Lakeville, MA 02347**

<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Mailing Address:</b> <i>(if different from above)</i>	
<b>Telephone Number:</b>	

<b>Owner(s) of Business:</b>	
<b>Residential Address:</b>	
<b>Telephone Number:</b> <i>(if different from above)</i>	
<b>Email and/or Website:</b>	

<b>What is the core function of your business?</b>	
<b>Is there anything else you would like residents to know about your business?</b>	

**CERTIFICATION CLAUSE**

I certify under the pain and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
*Signature of Individual or Corporate Name*  
*(Mandatory)*

\_\_\_\_\_  
*By: Corporate Officer*  
*(Mandatory; If applicable)*

\_\_\_\_\_  
*Social Security Number (voluntary) or Federal ID Number*

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.**



## **NOTICE TO TAX COLLECTOR**

From the office of  
Lillian M. Drane, MMC/CMMC  
**TOWN CLERK**

TO: Angela Chandler, Interim Treasurer/Collector  
Town Hall – 346 Bedford Street  
Lakeville, MA 02347

FROM: Town Clerk's Office

DATE: \_\_\_\_\_

Please inform this department as to whether or not the following property owner/applicant/petitioner owes the Town of Lakeville any outstanding taxes and/or municipal charges that have remained unpaid for more than one year.

\_\_\_\_\_  
Name of Applicant/Petitioner

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Address of Location for Permit Use

\_\_\_\_\_  
Address of Applicant/Petitioner

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### **THIS SECTION TO BE COMPLETED BY THE TREASURER/COLLECTOR**

Does the Property Owner/Applicant/Petitioner owe taxes/municipal charges \_\_\_\_\_  
(Yes or No)

Signed: \_\_\_\_\_  
Angela Chandler, Interim Treasurer/Collector

Date: \_\_\_\_\_



Town of Lakeville  
346 Bedford St  
Lakeville, MA 02347

**Official use:**

Fee: \$50.00

Cash/Ck #: \_\_\_\_\_

Date: \_\_\_\_\_

Permit #

**Application for Home Occupation Permit**

In compliance with Zoning By-Law 6.4

**Please Print**

Owner of Record:		
D/B/A (Name if Applicable):		
Property Address:		
Map/Block/Lot:	Zoning District:	Lot Size (Area)
Type of Business or Home Occupation Proposed:		

Number of People expected to be at this Home Occupation	
Total Area of Dwelling & Accessory Building	
Total Area to be used for Business	

Will the activity conform to the Home Occupation By-Law?

☐ Yes ☐ No

Will a sign be erected for this Home Occupation?

☐ Yes ☐ No

Name of Applicant (print):

\_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed & Approved by:

\_\_\_\_\_

Building Commissioner/Zoning Enforcement Officer

Date: \_\_\_\_\_

☐ Home Occupation Issued

☐ Home Occupation Not Needed At This Time

Note: You must go to the Town Clerk to obtain a Business Certificate