

TOWN CLERK'S OFFICE SAUGUS TOWN HALL 298 CENTRAL STREET SAUGUS, MA 01906 781-231-4101

<u>Instructions for Filing Business Certificates</u>

- Complete and sign the Business Certificate Worksheet attached.
 (Please note, the individuals signing the work sheet must be the same person or persons listed on the Business Certificate.)
- Please circle on the Worksheet if this is a NEW Business to Saugus or an EXISTING Business that had a previous Business Certificate.
- A copy of the Business Insurances are required (General Liability and Workmen's Compensation if applicable).
- Please have the Inspectional Commissioner in Inspectional Services, lower lever of Town Hall to review and sign the Worksheet.
 - o His office hours are as follows:
 - o Monday Thursday: 8:15 9:30am and 12:00 1:00pm
 - o Friday: 8:15 9:30am
- After the Inspectional Commissioner has approved the Worksheet, return it to the Town Clerk's Office.
- Please sign the Business Certificate in front of the Town Clerk. Include the name(s), residential address(s) and phone number(s) of those individuals signing the certificate. ** If this has been done prior to returning to the office, you must have the signatures notarized.**
- Please provide identification and include your **fee of \$35.00**, either cash or check. If paying with a check, made payable to the Town of Saugus.
- If you reside in Saugus; a Census Verification Form is required. Please ask the Town Clerk for this form.
- You will be provided with a Certified Copy of the completed Business Certificate which is valid for 4 years less a day.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESIATTE TO CONTACT THE TOWN CLERK'S OFFICE.



BUSINESS CERTIFICATE WORKSHEET



Please complete all of the following information and bring to the Inspectional Services Department for approval.

Inspectional Services Department Town Hall - 298 Central Street - Lower level Saugus, MA 01906

Upon approval, return form to the Town Clerk's Office, **along with your fee of \$35.00**. Checks made payable to the **Town of Saugus**. In conformity with the provisions of *MGL Chapter 110 s. 5*, as amended, the undersigned hereby declares that a business under the following name is being recorded at:

Is this Business: BUSINESS NAME:	New Business or Existing Business (please circle one)
BUSINESS ADDRESS:	
PHONE NUMBER:	E-MAIL ADDRESS:
Filed by the following named person(s):	
NAME:	RESIDENTIAL ADDRESS:
TELEPHONE:	E-MAIL ADDRESS:
3	
NAME:	RESIDENTIAL ADDRESS:
TELEPHONE:	E-MAIL ADDRESS:
Prior to opening a business, you are Saugus Building, Health and Zoning	responsible for making sure you are in compliance with all permit and licensing requirements by the Town of Departments as may be required for the legal operation of the business at the above stated location.
	<i>IOT</i> a license or a permit to do business. Please see the Zoning Officer for approval.
I acknowledge that I have read and u	

FOR OFFICIAL USE ONLY THIS BUSINESS CERTIFICATE SHALL BE: ISSUED DENIED	
COMMENTS.	
COMMENIS:	
Date	ZONING OFFICER SIGNATURE: