BUSINESS LICENSE | New [ ] Renewal [ ] Change [ ]



Sturbridge Town Clerk & Economic Development & Tourism

Please answer the following questions and submit to the Sturbridge Town Clerk’s Office, with a $**40 license fee**.

Please either type (preferred) or print legibly. **Forms that are illegible will be returned to the applicant**.

# Contact Information

|  |  |
| --- | --- |
| Business Name |  |
| Business Address |  |
| Mailing Address |  |
| Business Telephone |  |
| Point of Contact |  |
| Point of Contact Address |  |
| Point of Contact Phone ***&*** Email |  |
| Property Owner |  |
| Property Owner Address |  |
| Property-Owner Phone ***&*** Email |  |
| Federal Tax ID # or Social Security # |  |

# Business Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are updating the business information, please indicate any business changes here: | | | | |
|  | | | | |
| NOTE: Please refer to the Zoning Bylaws Chapters 5 – 14 to determine the applicable requested use (example, 7.01 (c) Retail Store). | | | | |
| Applicable Zoning Bylaw | Chapter: | Section: | Special Permit: | Yes |
| No |
| Hours of Operation |  | | | |

**Town of Sturbridge**

Business License

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|  |  |
| --- | --- |
| Description of Businesses (please  provide some detail) |  |
| Number of Employees | Full Time: |
| Part Time: |
| Seasonal: |
| Business Website /  Social Media Pages |  |
| May the Town list your business on our website? | Yes, please list my business |
| No, please don’t list my business |

# Town Resources

The Town of Sturbridge provides all businesses with access to staff and online resources. If your business requires staff support please call 508-347-2500 ext. 1411 to speak with the town’s Economic Development and Tourism Coordinator. If you would like to explore the online town resources please go to: [www.town.sturbridge.ma.us/for-business.](http://www.town.sturbridge.ma.us/for-business)

Please initial here to acknowledge that that you have read the above paragraph and are aware of the resources provided by the town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Required Signatures

|  |  |
| --- | --- |
| **Finance Director**  *I certify that the taxes are current for the applicant.* |  |
|  |
| **Zoning Enforcement Officer**  *I verify that this is an allowed use for this location.* |  |
|  |
| **Board of Health Director/Agent**  *I verify that this business is in compliance at the time of application.* |  |
|  |

Applicant: I certify that the information entered on this application for Business Certificate is true. An incomplete application may be denied. Signed under the penalties of perjury.

***NOTE****: Signatory must provide proof of identification to Town Clerk when submitting application.*

|  |  |  |
| --- | --- | --- |
|  |  |  |

Applicant Signature Applicant Name (printed) Date

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