

BUSINESS CERTIFICATE PROCESS – STEPS

1. Fill out attached Zoning application and bring to the Building Department located in the basement for approval.
2. Fill out the attached Business Certificate application – **NOTE: signatures must be signed in the presence of a City Official or Notary.**
3. Fill out attached Workers Compensation Affidavit and submit policy declaration page if applicable.
4. Submit completed applications to the Business License Department Room 217.
5. License Department will process certificate within 24 business hours of receiving completed applications.
6. Business Certificates can either be mailed to the licensee or a phone call can be made to the licensee to pick up the certificate when it is available.

Business Certificate Request



APPLICATION FOR ZONING PERMIT & ZONING DETERMINATION

- FOR BUILDING DEPARTMENT USE -

1 PROPERTY INFORMATION

STREET ADDRESS _____
 ASSESSOR'S MAP _____ LOT _____
 ZONING DISTRICT _____ OVERLAY DISTRICT _____
 LIST SPECIAL PERMITS, SITE PLAN APPROVALS, FINDINGS OR VARIANCES ISSUED _____

MUNIS # _____
 PARCEL # _____

2 OWNER & APPLICANT INFORMATION

OWNER OF RECORD IS: APPLICANT OTHER PARTY: _____
 APPLICANT _____
 REPRESENTATIVE, if any _____
 MAILING ADDRESS _____
 PHONE _____ EMAIL _____

3 PROJECT & ZONING INFORMATION (Please provide all pertinent information)

	<u>Existing</u>	<u>Proposed</u>
LOT SIZE	_____	_____
FRONTAGE	_____	_____
BUILDING SETBACKS:		
FRONT	_____	_____
SIDE (left)	_____	_____
SIDE (right)	_____	_____
REAR	_____	_____
BUILDING HEIGHT	_____	_____
BLDG. SQUARE FOOTAGE	_____	_____
BLDG. LOT COVERAGE	_____ %	_____ %
PARKING/LOADING SPACES	_____ / _____	_____ / _____
SIGNS (size & type)	_____	_____
NUMBER OF CURB CUTS	_____	_____
UTILITY SERVICES	<input type="checkbox"/> CITY WATER <input type="checkbox"/> CITY SEWER	<input type="checkbox"/> CITY WATER <input type="checkbox"/> CITY SEWER

FOR BUILDING DEPARTMENT REVIEW

REQ'D EX. NON-CONF

_____ LOT SIZE

_____ FRONTAGE

_____ FRONT SB

_____ SIDE SB

_____ REAR SB

_____ BLDG HT.

_____ LOT COVER

_____ PARKING

_____ SIGNS

NON-CONFORMING USE

CURRENT USE OF THE PROPERTY _____

PROPOSED USE OF THE PROPERTY _____

PROJECT DESCRIPTION _____

I have attached additional narrative, plans or supporting materials (*oversize plans should also be included in an 8.5 x 11" format*).

YES NO UNSURE Work is proposed in or within 100' of a wetland or 200' of a stream/river, or construction will occur within the Floodplain District. If so, Conservation Commission review is required.

YES NO UNSURE The project will disturb more than 40,000 square feet (1 acre) of land or is part of a larger project that will. If so, a Stormwater Management Permit is required.

Non-Residential and Multi-Family Residential projects only:

YES NO The project will increase at least one of the following by 25% or more: gross floor area, motor vehicle traffic at or to the site, number of parking spaces, number of tenants, number of employees.

4 CERTIFICATION

I understand that this determination is based on the information which I have provided and represent as accurate, that the issuance of a Zoning Permit does not relieve the Applicant of the responsibility to obtain other zoning or non-zoning permits, as may be required, and that this determination is based on the zoning in effect at the issue date and grants no protection from any future zoning changes.

SIGNATURE _____ DATE _____

APPLICANT APPLICANT'S REPRESENTATIVE

File this form with the Building Department. Complete applications are processed within 30 days. No fee applies.

<input checked="" type="checkbox"/> ZONING PERMIT DETERMINATION ~ FOR BUILDING DEPARTMENT USE ONLY ~		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED:	<input type="checkbox"/> The proposed use is not permitted in the subject zoning district
		<input type="checkbox"/> Only permissible with variance relief from the Zoning Board of Appeals
<input type="checkbox"/> NOT APPLICABLE TO ZONING REGULATION		
<input type="checkbox"/> PENDING ADDITIONAL APPROVAL:		
<u>Per Zoning Ordinance Section(s)</u>	<u>Approval Required</u>	<u>Permitting Authority</u>
_____	<input type="checkbox"/> SPECIAL PERMIT(S)	<input type="checkbox"/> PLANNING BOARD
_____	<input type="checkbox"/> SITE PLAN APPROVAL	<input type="checkbox"/> BOARD OF APPEALS
_____		<input type="checkbox"/> CITY COUNCIL

AUTHORIZED SIGNATURE _____	ISSUE DATE _____	



City of Westfield, Massachusetts
City Clerk's Office

BUSINESS CERTIFICATE APPLICATION

Application & Certified Copy 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

By the following named persons: NOTE: Signatures must be signed in presence of a City Official or Notary.

(Owner's Full Name) (Signature) (Residence)

(Owner's Full Name) (Signature) (Residence)

(Owner's Full Name) (Signature) (Residence)

Business Phone Number:

Does the business sell tobacco products: YES: NO:

If Yes, list:

Owner's Name and Address: Tel#

Manager's Name and Address: Tel#

THE COMMONWEALTH OF MASSACHUSETTS

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

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:

Signed and made oath that the foregoing statement is true.

(Name of City Official)

(Title)

Filed in the Business License Department:

Last Expiration date:

New Expiration date: (Expires in Four Years)

Tax Obligation status: (OFFICE USE ONLY)

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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am an 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 #: _____