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   |   |

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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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