



SERGIO CORNELIO
City Clerk
DAVID RAGUCCI
Assistant City Clerk

OFFICE OF THE CITY CLERK
Everett, Massachusetts 02149
617-394-2225

Filing a Business Certificate
(MGL, CH 110, §5)

All Applications must be delivered in person to the City Clerks Office by an Individual authorized to do business on their behalf.

WHO MUST FILE?

- Any person conducting business in Everett under any title other than the complete real name of the owner, whether individually or as a partnership. (A corporation may only use Inc., Corp., and LTD.)
- Any corporation doing business in a name other than the corporate name. (A corporate officer must file said name.)

WHERE DOES ONE FILE?

- File with the City Clerk, either in person or by mail, in every city or town where an office of any such person, partnership or corporation may be situated.

WHAT ABOUT A CHANGE?

- Upon discontinuing, retiring or withdrawing from such business or partnership, or in the case of a change of residence of such person or of the location where business is conducted, such form must be filed with the City Clerk.

DOES A BUSINESS CERTIFICATE EXPIRE?

- A business certificate is in force and effect for four (4) years from the date of issue. A new filing must be made every four years as long as the business is conducted.

DO I HAVE TO DISPLAY THE CERTIFICATE?

- No, but you must provide a copy on request, during regular business hours, to any person who has purchased goods or services from such business.

FEES

- Business Certificate Filing \$65.00 Total, includes a \$5 Notarization fee
- Withdrawals \$10.00

PENALTIES

- Violations of these provisions shall be subject to a fine of not more than three hundred dollars (\$300.00) for each month during which the violation continues.

Chapter 110: Section 5. Certificates of persons conducting businesses; contents; filing; fees; index

Section 5. Any person conducting business in the commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, shall file in the office of the clerk of every city or town where an office of any such person or partnership may be situated a certificate stating the full name and residence of each person conducting such business, the place, including street and number, where, and the title under which, it is conducted, and pay the fee as provided by clause (20) of section thirty-four of chapter two hundred and sixty-two. Such certificate shall be executed under oath by each person whose name appears therein as conducting such business and shall be signed by each such person in the presence of the city or town clerk or a person designated by him or in the presence of a person authorized to take oaths. The city or town clerk may request the person filing such certificate to produce evidence of his identity and, if such person does not, upon such request, produce evidence thereof satisfactory to such clerk, the clerk shall enter a notation of that fact on the face of the certificate. A person who has filed such a certificate shall, upon his discontinuing, retiring or withdrawing from such business or partnership, or in the case of a change of residence of such person or of the location where the business is conducted, file in the office of said clerk a statement under oath that he has discontinued, retired or withdrawn from such business or partnership or of such change of his residence or change of the location of such business, and pay the fee required by clause (21) of said section thirty-four. In the case of death of such a person, such statement may be filed by the executor or administrator of his estate. The clerk shall keep a suitable index of all certificates so filed with him which are currently in force and effect, setting forth the pertinent facts, including a reference to any statement of discontinuance, retirement or withdrawal from, or change of location of, such business, or change of residence of such person. A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours, to any person who has purchased goods or services from such business. Violations of this section shall be punished by a fine of not more than three hundred dollars for each month during which such violation continues.



BUSINESS CERTIFICATE
THE COMMONWEALTH OF MASSACHUSETTS
CITY OF EVERETT

Today's date:

Expires:

Fee: \$60.00 + \$5.00

Notary

In conformity with the provisions of Massachusetts General Law Chapter 110§5, as amended, the undersigned hereby declare(s) that a business under the title of:

_____ Business Name

_____ (ADDRESS: Physical location of business – no post office boxes or rental box suites)

Email Address: _____

APPLICANTS FULL NAME

RESIDENCE

PHONE

1. _____

2. _____

3. _____

1. _____ 2. _____ 3. _____
Signature Signature Signature

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex County ss. _____ 20_____

Personally appeared before me the above-named _____

and made oath that the foregoing statement and information is true.

(Signature)

(Title)

OFFICIAL USE ONLY

BUILDING DEPARTMENT: BUSINESS: CONFORMS DOES NOT CONFORM to Zoning Requirements.

NEEDS HOME OCCUPATION PERMIT: YES NO

Signature of Building Official:

NOTICE OF UNDERSTANDING

I/We understand that filing a Business Certificate is **NOT** a license to operate a business from the City Clerk, City of Everett, nor any of its agents or employees.

I/We understand that the filing of this Business Certificate **DOES NOT** necessarily mean that the business is in compliance with the Zoning Laws of the City of Everett.

I/We understand that an indication on this Business Certificate that the business being registered **DOES NOT CONFORM** to zoning requirements prohibits said business from being conducted at the registered address.

I/We understand that a copy of the Business Certificate will be sent to the Building Department and Board of Assessors of the City of Everett.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of four years from the date of acceptance for filing.

I/We understand that copies of this certificate shall be made available at the address that said business is physically conducted and furnished upon request during regular business hours to any person who has purchased goods or services from said business.

I/We understand that violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which violation occurs.

Signature

Title

Social Security/Tax ID # ____/____/____

Signature

Title

Social Security/Tax ID # ____/____/____

Signature

Title

Social Security/Tax ID # ____/____/____



City of Everett

Residence/Business Emergency Contact Information

Please Print Information CLEARLY

DATE: _____

RESIDENTIAL INFORMATION

PROPERTY OWNER FULL NAME: _____ PHONE NUMBER: _____

PROPERTY OWNER HOME ADDRESS:

RENTAL PROPERTY ADDRESS:

EMERGENCY CONTACT PERSON: _____ PHONE: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

EMAIL ADDRESS: _____

1 BUSINESS OWNER FULL NAME: _____ PHONE: _____

BUSINESS OWNER HOME ADDRESS: _____

2 BUSINESS OWNER FULL NAME: _____ PHONE: _____

BUSINESS OWNER HOME ADDRESS:

1 EMERGENCY CONTACT PERSON: _____ PHONE: _____

EMERGENCY CONTACT HOME ADDRESS:

2 EMERGENCY CONTACT PERSON: _____ PHONE: _____

EMERGENCY CONTACT HOME ADDRESS:

ALARM COMPANY NAME: _____ PHONE: _____



**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best 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 # (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your Social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of MA G.L. c 62C s. 49A.

