

## STEPS FOR APPLYING FOR A BUSINESS CERTIFICATE

1. Have all persons whose names will appear on the Business Certificate come to the Town Hall for the application process.
2. Have Social Security or Federal Identification number available.
3. Check, cash or money order for \$25.00.
4. Complete the following forms at the Town Hall:
  - Application for Business Certificate
  - Business Certificate
  - Worker's Compensation Insurance Affidavit
    - \*Conformation of Insurance
  - Emergency Operation Form
    - \*List of Flammables, chemicals, etc.
  - Building Department Form
    - \*Home Occupancy Permits
5. Statement of Discontinuance, Change of Residence, Change of Location, Withdrawl from Business or Partnership (\$5.00)

\*No Business Certificates will be issued until the Tax Office has signed off as required under the Southwick Town Code Chapter 1, Section 15 certifying that there are no delinquent taxes, fees, betterments or other municipal charges outstanding.

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SOUTHWICK  
APPLICATION FOR BUSINESS CERTIFICATE**

Date: \_\_\_\_\_

**TO THE LICENSING AUTHORITIES:**

The undersigned hereby applies for a certificate in accordance with the provisions of the Statutes relating thereto \_\_\_\_\_

Full name of person, firm or corporation making application

To \_\_\_\_\_

\_\_\_\_\_

At \_\_\_\_\_

\_\_\_\_\_

In said Town of Southwick in accordance with rules and regulations made under authority of said Statutes.

I certify under the penalties of perjury that I to the best of my knowledge and belief, have filed all State tax returns and paid all State and Local taxes required by law.

\_\_\_\_\_  
Signature of individual or Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security # or Federal Identification#

⇒ This Business Certificate will not be issued unless this Certification clause is signed by the applicant and the Tax Collector's Office as indicated.

⇒ The Social Security number provided will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Those who fail to correct their non-filing or tax delinquency requirements will be subject to suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.

⇒ The Tax Collector or representative from the Tax Office must sign off as required under the Southwick Town Code Chapter 1, Subsection 15 certifying that there are no delinquent taxes, fees, betterments or other municipal charges outstanding.

\_\_\_\_\_  
Tax Collector's Office Approval

\_\_\_\_\_  
Date of Approval

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SOUTHWICK  
BUSINESS CERTIFICATE**

Certificate # \_\_\_\_\_

Date: \_\_\_\_\_

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declares that a business under the title of:

\_\_\_\_\_

Is conducted at: \_\_\_\_\_

By the following named person (s) or corporation:

\_\_\_\_\_ Full Name (print) \_\_\_\_\_ Signature

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Full Name (print) \_\_\_\_\_ Signature

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Full Name (print) \_\_\_\_\_ Signature

\_\_\_\_\_ Address \_\_\_\_\_

**Commonwealth of Massachusetts  
Hampden, ss**

Date: \_\_\_\_\_

Then personally appeared the above-named \_\_\_\_\_ and made oath that the foregoing statement is true.

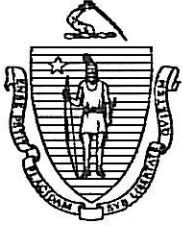
A Certificate issued in accordance with this section shall be in force and effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Certificate expiration date: \_\_\_\_\_

\_\_\_\_\_

(Seal)

\_\_\_\_\_ Title



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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
Contact Person: _____	Phone #: _____



COMMONWEALTH OF MASSACHUSETTS

# Town of Southwick

## LEPC

*Emergency Operations Center*  
454 College Highway, Southwick MA 01077  
Telephone (413) 569-0308 Fax (413) 569-5001

Name of business: \_\_\_\_\_

Location of business: \_\_\_\_\_  
\_\_\_\_\_

**Emergency contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

**What Chemicals are used and / or stored on premises?**

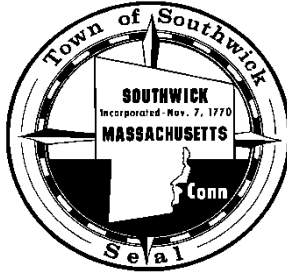
Is hazard chemical waste generated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is TIER II Hazard Chemical Material threshold filing required? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

PERMIT # \_\_\_\_\_ FEE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_



**BUILDING DEPARTMENT**

**Town of Southwick**

454 College Highway, Southwick, MA 01077

Phone (413) 569-1211

Fax (413) 569-5284

Dear Licensee:

DATE \_\_\_\_\_

**YOU MUST COMPLETE, SIGN AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE IN ORDER TO RECEIVE YOUR LICENSES/PERMITS.** The Building Department office is located on 454 College Highway, and office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.

Thank you,

Southwick Building Department

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
(PRINT)

Owners Name: \_\_\_\_\_  
(PRINT)

Mailing Address: \_\_\_\_\_

City, State, Zip: Southwick, Ma. 01077

Business Address if different from mailing address: \_\_\_\_\_

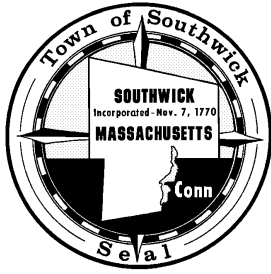
**HOME OCCUPATION PERMIT.....\$25.00**

**\* ALL ANNUAL PERMITS EXPIRE DECEMBER 31<sup>st</sup>**

**\*PAYMENT IS DUE WITH THE APPLICATION**

Signature of Owner or Applicant and Title: \_\_\_\_\_

Date: \_\_\_\_\_



COMMONWEALTH OF MASSACHUSETTS

# Town of Southwick

454 COLLEGE HIGHWAY, SOUTHWICK, MA 01077

## Assessors Office

Telephone (413) 569-0565 Fax (413) 569-3278

Robert K. Johnson, Chairman  
Russell Fox, Vice-Chairman  
Paul M. Connolly, Clerk

### NOTICE TO ALL SOUTHWICK BUSINESSES

Re: Personal Property Taxation of Individuals, Partnerships, Associations or Trusts, Corporations, Limited Liability Companies and other legal entities subject to taxation in Southwick.

Mass General Laws Chapter 59 Section 29 requires that the Board of Assessors give notice to all persons subject to taxation in their respective town regarding personal property.

**The Form of List (State Tax Form 2) must be filed each year by all Individuals, Partnerships, Associations or Trusts, Corporations, Limited Liability Companies and other legal entities subject to taxation in Southwick that own or hold taxable personal property on January 1<sup>st</sup>.**

A list of personal property subject to taxation must be filed on or before March 1<sup>st</sup> of each year. Failure to submit this list may remove certain rights of appeal for the taxpayer.

On May 20, 2008 at the Special Town Meeting the Town voted to accept the provisions of M.G.L Chapter 59 § 5 CL 54 and in so doing, establishing that the minimum value of personal property subject to taxation shall be \$10,000.00. This does not exempt the taxpayer from filing a form of List by March 1<sup>st</sup>.

Your cooperation will be greatly appreciated.

Southwick Board of Assessors

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Robert K. Johnson, Chairman

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Russell Fox, Vice Chairman

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Paul M. Connolly, Clerk

Please visit us at our web site  
[www.southwickma.org](http://www.southwickma.org)