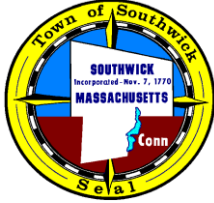


STEPS FOR APPLYING FOR A BUSINESS CERTIFICATE

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 \$30.00.
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.
 - Emergency Notification Form
5. Statement of Discontinuance, Change of Residence, Change of Location, Withdrawal 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.



COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

Office of the Treasurer, Tax Collector, & Town Clerk

454 COLLEGE HIGHWAY, SOUTHWICK, MA 01077

Telephone (413) 569-5504

Fax (413) 569-0667

Web site – www.southwickma.org

email address – treasurer@southwickma.net

Michelle L. Hill

Treasurer, Tax Collector & Town Clerk

Holly L. Hebda

Bonnie L. Morgan

Asst Treasurer, Tax Collector & Clerk

INFORMATION ABOUT BUSINESS CERTIFICATES:

The purpose of a Business Certificate is to make known the ownership and location of a business for Public Information. Many banks, creditors and others will verify Business Certificates prior to making decisions regarding your business. Corporations meet the Public Information requirements simply by becoming incorporated (an annual reports thereafter) through the Secretary of State's Office. The laws of Massachusetts (CH 110, SEC 5) state that "any person conducting business in the commonwealth under any title other than the real name of the person conducting the business" shall file a Business Certificate. A "person" in this case also includes corporations if the corporation is conducting business under any other title than its corporate name.

Business Certificates DO NOT "license" any particular business activity. Prior to being issued a Business Certificate it is your responsibility to obtain any other permits or licenses you may need, the issuance of a Business Certificate by the Town Clerk does not ensure your compliance with other state and local laws and regulations. Verification of all obligations due to the Town of Southwick will also be researched and no Business Certificate will be issued until they are paid in full. You will also need to call the Secretary of State's office (617.727.9640) to be certain that there is not already a corporation using the name that you are intending to use.

Business Certificates are valid for four years. However, any changes, to include: owner's name, addresses of either the business or owner, and discontinuance of the business, you are responsible to file those changes with the Town Clerk's office.

Businesses are subject to Personal Property taxes (MA General Laws, CH 59, SEC 29). You should speak with the Assessor's Office for more information. This will prevent being over-assessed on Personal Property used in conjunction with your business. Businesses remain subject to Personal Property assessment until a Statement of Discontinuance is filed with the Town Clerk's Office.

Filing Fees: Business Certificate: \$30.00
 Additional Copies: \$8.00
 Statement of Discontinuance: \$5.00

Please call if you have any questions about this information.



COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

Office of the Treasurer, Tax Collector, & Town Clerk

BUSINESS CERTIFICATE INFORMATION

What is a Business Certificate?

Commonly known as a "DBA" ("doing business as"), a business certificate creates a public record of the name and address of the owner(s) of a business. This also includes anyone operating any type of home-based business. The primary purpose of filing is to protect consumers/creditors by identifying the names and addresses of the owners of the business.

Who must file a Business Certificate?

Massachusetts General Law Chapter 110, Section 5 states that any person conducting business in the Commonwealth under any title other than the real name of the person conducting business, whether individually or as a partnership, shall file a Business Certificate in the office of the Town Clerk of every city or town where an office of any such person or partnership may be situated. Each person named on the certificate must sign the form in person at the Town Clerk's Office or have the forms notarized and be 18 years of age or older to legally sign.

*Exemptions to filing are allowed under section 6 if the corporation is doing business in its true corporate name, or if a legal partnership is doing business under any title which includes the true surname of any. Certain other exemptions exist for trusts and limited partnerships.

How do I file or renew a Business Certificate?

Forms are available at the Town Clerk's Office, 454 College Highway or on-line at www.southwickma.org on the Town Clerk's page.

Applicants must complete and file each of the following forms: a Business Certificate Application, a Business Certificate, a Worker's Compensation Insurance Affidavit, an Emergency Operation Form, an Emergency Notification Form and a Home Occupation Form. Please be careful to fill out all of the information on the forms completely. Filing fee: \$30.00

Please note a verification of all obligations due to the Town of Southwick will be researched and no Business Certificate will be issued until all are paid in full.

Does filing of a Business Certificate protect me from others using the same name?

NO, filing a Business Certificate (DBA) does not protect your business name. The protection of a trademark (word, name, symbol or device) in Massachusetts is accomplished through the Secretary of States office.

What if I discontinue or withdraw from the business?

A Statement of Discontinuance from must be completed and filed with the Town Clerk if one of the following occurs before the expiration:

- *Business is discontinued
- *One or more persons named on the certificate is withdrawn or retired from the business or partnership.
- *A person named on the certificate dies.

A filing fee of \$5.00 will be charged for the above changes.

What if I change my residence or location of my business?

You must file either a Statement of Change of Residence, or a Statement of Change of Location of Business.

A filing fee of \$5.00 will be charged for the above changes.

What if I change the name of my business?

You must first file a Discontinuance and then file a new Certificate for the new business name. You cannot simply change the name of the business as technically you are stopping business in one name and starting a business in a new name.

A filing fee of \$5.00 for the Discontinuance and a filing fee of \$25.00 for the new Business Certificate will be charged.

Any other items that might be needed before I open my business?

The issuance of a Business Certificate by the Town Clerk does not ensure your compliance with other state and local laws and regulations. The operation of your business may require the issuance of licenses and or permits as mandated by local and state laws and regulations including but not limited to the Zoning By-Laws of Southwick, Code of the Town of Southwick, and the Massachusetts Building Code to conduct business in the Town of Southwick.

The operation of your business in the Town of Southwick may require contact with one or more of the following municipal departments for required permits and licenses that may include the following:

BUILDING DEPARTMENT	PLANNING BOARD	SELECTMAN'S OFFICE
BUILDING PERMIT	SPECIAL PERMIT	ENTERTAINMENT LICENSE
PLUMBING PERMIT		LIQUOR LICENSE
ELECTRICAL PERMIT	HEALTH DEPARTMENT	AUTO DEALERSHIP
SIGN PERMIT	VARIOUS LICENSES OR PERMITS	
		FIRE DEPARTMENT
		STORAGE OF FLAMMABLES

***To ensure that your business is legally permissible and to avoid added expenses or unnecessary delays to the opening of your business, it is strongly recommended that you contact the above mentioned municipal departments prior to initiating any work associated with your business venture.**

For more information about starting a business in Massachusetts can be found on the State's website: www.mass.gov.

Tax information

The Massachusetts Department of Revenue (DOR) can answer all of your questions regarding collecting sales tax or other tax questions you may have. The Taxpayer Assistance Bureau is open from 9:00am – 5pm, Monday – Friday. The toll free number is 1.800.392.6089 or 617.887.6367. The DOR has a publication entitled “A Guide to Sales and Use Tax” which answers the most commonly asked questions about sales/use tax.

Websites:

Department of Revenue: <http://www.dor.state.ma.us/>

Secretary of State's Office: www.state.ma.us

**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

PLEASE STATE CLEARLY
PURPOSE FOR WHICH
LICENSE IS REQUESTED

To _____

PLEASE GIVE LOCATION
BY STREET AND NUMBER

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: _____

MAILING ADDRESS: _____

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 #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a 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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



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: _____

*REQUIRED FIELDS

*NAME FIRST AND LAST:

Location Details

*ADDRESS TO BE NOTIFIED *no P.O. boxes:*

APT/SUITE/UNIT:

*CITY:

*STATE:

*ZIP CODE:

*THIS ADDRESS IS ☐ Residential ☐ BusinessIS THIS ADDRESS A ☐ Mobile or ☐ Manufactured home?

Additional Location

 Please fill out this section if you would like to register multiple addresses under your name.*ADDRESS TO BE NOTIFIED *no P.O. boxes:*

APT/SUITE/UNIT:

*CITY:

*STATE:

*ZIP CODE:

*THIS ADDRESS IS ☐ Residential ☐ BusinessIS THIS ADDRESS A ☐ Mobile or ☐ Manufactured home?

Contact Information

*PHONE 1:

- ☐ MOBILE *Mobile provider:*
- ☐ TDD/TTY DEVICE Tone delivery, for hearing impaired

PHONE 2:

- ☐ MOBILE *Mobile provider:*
- ☐ TDD/TTY DEVICE Tone delivery, for hearing impaired

EMAIL ADDRESS:

- ☐ TEXT MESSAGE *Mobile phone number and phone provider:*

Alert Types

 Select any additional alert types you would like to receive.

- ☐ Emergency Notifications ☐ General Notifications ☐ Weather Warnings *If applicable*

Data Privacy

By electing to keep your information private, OnSolve™ will not release your information to any third parties unless compelled to do so by a competent court of law, and OnSolve will allow your information to be made available to your local provider only for use in one of OnSolve's services. If the box is left unchecked, you are electing to make your information public, meaning OnSolve may release the information to your local provider, and it may become subject to local public information rules and requests.

- ☐ Keep my information private

TERMS & CONDITIONS

OnSolve welcomes you, as a "Subscriber" to its CodeRED® and CodeRED Weather Warning® Services (the "Services"). By completing this community notification enrollment form, you agree to be subject to OnSolve's Terms of Use ("Terms") and Privacy Policy ("Privacy Policy") located here: www.onsolve.com/privacy-statement/, which may be updated from time to time. By completing this form, you agree that you have read the Terms and Privacy Policy, and agree to them in full.

Your Information: The information we collect on this form is designed to assist OnSolve in serving you based upon your request for emergency or general interest notifications from OnSolve or your local provider.

You agree to provide true, accurate and complete information on this form, and to maintain the accuracy of such information at all times. You warrant and represent that the provision of such information does not invade on the privacy of any other person. You agree not to impersonate any person or entity, or misrepresent themselves as such person or entity when filling out this form.

The data you are providing on this form is being collected by your local provider. Accordingly, OnSolve will have no control over the disclosure of your information by your local provider and in certain instances, your information may be subject to public records requests and transferred without OnSolve's knowledge. OnSolve SHALL HAVE NO LIABILITY TO YOU AS A RESULT OF YOUR LOCAL PROVIDER'S TRANSFER OF YOUR INFORMATION. Any information which your local provider sends to OnSolve is kept confidential by OnSolve and OnSolve will take reasonable and appropriate steps to protect this information from unauthorized access or disclosure. **OnSolve does not sell, rent or lease information to third parties, provided however, that the information on this form will be shared with your local provider.**

We do not intentionally collect personal information from anyone we know to be under eighteen (18) years of age. By signing up, you represent and warrant that you (i) are eighteen (18) years of age or older; or, (ii) if you are registering information for a child under eighteen (18) years of age, you are the parent or legal guardian of such child; you are over eighteen (18) years of age; and that you are legally authorized to provide information for such child to be contacted through OnSolve's Services.

OnSolve welcomes your comments regarding this form or the Services OnSolve provides. If you have any questions, please contact OnSolve by telephone, e-mail, or postal mail.

OnSolve Privacy
OnSolve, LLC
780 W. Granada Boulevard, Ormond Beach, Florida 32174
386-676-0294

PRIVACY POLICY

Registration: As a Subscriber, you understand and agree that OnSolve may send you communications, announcements, newsletters, service announcements and other administrative messages. These messages are separate from any messages sent by your local provider.

You authorize OnSolve to maintain a database of information about you based upon what is included on this form. You understand and agree that your local provider and OnSolve have the ability to modify and/or remove your information from the Services. Such removal is at the sole discretion of the local provider and OnSolve. You acknowledge and agree that, by registering with any of the Services, you consent to be contacted, using an automated dialer and a pre-recorded message, by OnSolve and OnSolve's clients.

You understand and agree that you may request to stop receiving messages through the Services by contacting the phone number listed in any message, by contacting your local provider or by contacting OnSolve at 386-676-0294. You understand and agree that removing your information through your local provider may not remove you from OnSolve's databases if your information is available through a commercially available database, or later re-entered into the Services.

Limitations: YOU UNDERSTAND AND AGREE THAT ONSOLVE, ALONG WITH ITS OFFICERS, MEMBERS, EMPLOYEES, AGENTS, AFFILIATES, PARENTS, SUCCESSORS AND ASSIGNS (THE "RELEASEES") DISCLAIM ANY AND ALL LIABILITY, WHATSOEVER, WHETHER RAISED BY A THIRD PARTY OR OTHERWISE, FOR ANY AND ALL REASONS, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DEATH OR LOSS, INFRINGEMENT, INVASION OF PRIVACY, PROPERTY DAMAGE, AND INTERRUPTION TO BUSINESS, TO YOU AND YOUR HEIRS AND ASSIGNS, WHICH MAY RESULT FROM THE USE OR ANY ERRORS OR OMISSIONS OF THE SERVICES, OR FROM THE FAILURE OF OnSolve TO UPDATE OR PROVIDE ANY INFORMATION THROUGH THE SERVICES.

TO THE MAXIMUM EXTENT PERMITTED BY LAW, IN NO EVENT SHALL ANY RELEASEE BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHATSOEVER (INCLUDING BUT NOT LIMITED TO LOST PROFITS, LOSS OF PRIVACY, LOSS OF CONFIDENTIAL INFORMATION, OR BUSINESS INTERRUPTION) FROM OR DUE TO THE USE, MISUSE OR INABILITY TO USE THE SERVICES, EVEN IF THE RELEASEES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY AGREE THAT THE USE OF THE SERVICES IS AT YOUR SOLE RISK AND THAT THE SERVICES ARE PROVIDED SOLELY ON AN "AS IS," "AS AVAILABLE," AND "WITH ALL FAULTS" BASIS. OnSolve AND OnSolve'S CLIENTS SHALL NOT BE LIABLE TO YOU FOR ANY DAMAGES WHETHER BASED IN CONTRACT, TORT OR ANY OTHER LEGAL THEORY BEYOND A REFUND ANY FEES PAID (IF ANY).

YOU ACKNOWLEDGE THAT YOUR LOCAL PROVIDER IS PROVIDING THE SERVICES AS A PUBLIC SERVICE AND FOR NO COMPENSATION FROM YOU. YOU ACKNOWLEDGE THAT YOUR LOCAL PROVIDER MAY, IN ITS SOLE DISCRETION, TERMINATE THE SERVICES AT ANY TIME. YOU ALSO ACKNOWLEDGE THAT TECHNICAL PROBLEMS OR HUMAN ERROR MAY RESULT IN A FAILURE OF THE SERVICES AT ANY TIME. YOUR ACCESS TO NOTIFICATIONS SENT THROUGH OnSolve'S SERVICES MAY BE TERMINATED AT ANY TIME, FOR ANY REASON. IN CONSIDERATION OF THESE FACTORS, YOU HEREBY WAIVE, RELEASE, AND HOLD HARMLESS YOUR LOCAL PROVIDER, OnSolve, AND THEIR RESPECTIVE PARENTS AND SUBSIDIARIES, FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES.

You understand and agree that OnSolve does not have control over telephone service, cellular service and internet service providers which may be necessary for sending messages through the Services. Accordingly, not all calls, texts and other notifications may come through, and such failure shall not be deemed to be the responsibility of OnSolve or your local provider. You understand and agree that the receipt of messages through the Services may cause you to incur phone, text, and data charges, and that OnSolve is in no way responsible for such charges.

You acknowledge that the Services are intended to be used as part of a comprehensive general and emergency notification strategy, which as well as the use of common sense. You understand and agree that the Services are simply a tool to provide you with information, and that you cannot rely on emergency notifications nor treat any of the Services as a life-saving or property-saving device. In the event of an emergency, you must place a phone call to 9-1-1 or your local emergency provider.



Town of Southwick

454 COLLEGE HIGHWAY, SOUTHWICK, MA 01077

Assessors Office

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

Hollie P. Hamelin, Chairman
Alan L. Hoyt, Vice-Chairman
Dean J. Horacek, 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 1st.

A list of personal property subject to taxation must be filed on or before March 1st 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 1st.

The State Tax Form 2 has been included for your convenience. We ask that all forms be completed (business name, location, mailing address, status etc....), signed and returned for our records. If you feel you are not subject to local taxation please indicate your circumstances and return the signed form to the Assessor's office. If you need any additional information on how to fill them out please contact your tax advisor or the Southwick Assessors office.

Your cooperation will be greatly appreciated.

Southwick Board of Assessors

CHAPTER 59. ASSESSMENT OF LOCAL TAXES

NOTICES AND LISTS

Chapter 59: Section 29. Notice of assessments; lists

Section 29. Assessors before making an assessment shall give seasonable notice thereof to all persons subject to taxation in their respective towns. Such notice shall be posted in one or more public places in each town, or shall be given in some other sufficient manner, and shall require the said persons to bring into the assessors, before a date therein specified, in case of residents a true list, containing the items required by the commissioner in the form prescribed by him under section five of chapter fifty-eight of all their personal estate not exempt from taxation, except intangible property the income of which is included in a return filed the same year in accordance with sections twenty-two to twenty-five, inclusive, of chapter sixty-two, and in case of non-residents and foreign corporations such a true list of all their personal estate in that town not exempt from taxation, and may or may not require such list to include their real estate subject to taxation in that town. It shall also require all persons, except corporations making returns to the commissioner of insurance as required by section thirty-eight of chapter one hundred and seventy-six, to bring in to the assessors before a date therein specified, which shall not be later than March first following, unless the assessors for cause shown extend the time to a reasonable later time but in no event later than thirty days after the mailing of the tax bills for the fiscal year to which the filing relates, true lists, similarly itemized, of all real and personal estate held by them respectively for literary, educational, temperance, benevolent, charitable or scientific purposes on January first preceding, or at the election of any such corporation on the last day of its fiscal year preceding said January first, together with such information as may be required to comply with regulations promulgated by the commission pursuant to section three of chapter fifty-eight and the amount of receipts and expenditures for said purposes during the year together with copies of federal tax returns containing unrelated business income taxable under section five hundred and eleven of the Internal Revenue Code. The assessors may require from any person claiming under the Seventeenth, Eighteenth or Twenty-second clause of section five an exemption from taxation, a full list of all such person's taxable property, both real and personal.