



Instructions for Business Certificate Application

Town Of East Longmeadow
Town Clerk

The purpose of a Business Certificate is to make known the ownership and location of a business for public information and is regulated by [Massachusetts General Law Chapter 110 §5](#). Business Certificates are valid for four (4) years. A *Statement of Discontinuance* must be submitted to the Town Clerk's office if the business address changes, the business name changes, the business owner/partnership changes, and/or the business closes. A change in location requires a *Statement of Discontinuance* **and** a new Business Certificate Application to be submitted to the Town Clerk.

Fees for obtaining a Business Certificates:

- Business Certificate Application: \$30
- Planning Board review: \$20 (additional fees for Special Permit or Site Plan Review)
- Non-Residents doing Business in Massachusetts: \$25

To obtain a Business Certificate, the Applicant will:

1. Complete the Business Certificate Application in its entirety, **with all required attachments**.
2. Submit the Application to the Town Clerk's Office or online.
 - a. Receive [information regarding Personal Property Tax obligations](#) from the Assessor's Department via email following submission (**by signing the application, the applicant acknowledges receipt and understanding of this information**).
 - b. Receive and complete any applications for required Planning Board approvals.
 - c. Receive and complete any required Health Department permits.
3. Once approved, the applicant will receive a notification to pay the application fee and come to Town Hall to sign the Business Certificate and receive a copy. All Business owners must be present to sign the Business Certificate in front of a notary.

The Review/Approval Process is as follows:

1. The Collector's Office will determine if there are any unpaid taxes or fines past due over 6 months that would prohibit the issuance of a certificate.
2. The Building Department will review the application to determine if the proposed use is permitted-by-right, not permitted, or only permitted by a [Special Permit](#) or [Site Plan Review](#) (or Waiver) from the Planning Board.
 - a. If a [Special Permit](#) or [Site Plan Review](#)/Waiver is needed, you will be notified to submit an application to the Planning Department.
3. The Planning Department will schedule the Planning Board review of the application on the next available Planning Board meeting; **the applicant will be notified of the meeting date and should attend the meeting**.
4. The Health Department will notify the applicant of any required permits.
5. Once all applicable departments have provided approval, the applicant must come to Town Hall, 60 Center Square, to sign and receive a copy of the approved Business Certificate.

This application can be filed online at www.eastlongmeadowma.gov/957/Permit-Licenses



Business Certificate Application

Town Of East Longmeadow
Town Clerk

New Certificate Renewal

OFFICE USE ONLY	
Certificate #	
Date	

1) PROPERTY INFORMATION			
a. Property Address		<input type="checkbox"/> Rented <input type="checkbox"/> Owned	
b. Assessors Map ID		c. Zoning District	
d. Previous Special Permits, Site Plan Approvals, Findings or Variances issued for this property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	
e. Will there be any construction or expansion of structures or parking lots?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) CONTACT INFORMATION <i>Check if applicant is property owner</i> <input type="checkbox"/>			
a. Applicant Name		b. Applicant Phone	
c. Applicant Email			
d. Mailing Address			
e. Property Owner		f. Owner Phone	
g. Owner Email			
h. Mailing Address			
3) NON-RESIDENT CERTIFICATE – <i>Check below if you are not a resident of Massachusetts</i>			
<input type="checkbox"/> Pursuant to M.G.L. Chapter 227, Section 5A , I/We hereby appoint the Town Clerk of the Town of East Longmeadow, and its successors in office, as my/our true and lawful agent upon whom all lawful process may be served in any action arising out of the business described herein. - \$25.00 additional fee			
4) BUSINESS INFORMATION			
a. Name of Business			
b. Business Phone		c. Business Email	
d. Check the Option(s) that Best Describe Your Business			
<input type="checkbox"/> Retail <input type="checkbox"/> Booth Rental <input type="checkbox"/> Home Office		<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Manufacturing/Warehousing <input type="checkbox"/> Food Establishment <input type="checkbox"/> Body Art Establishment	
		<input type="checkbox"/> Tobacco Establishment <input type="checkbox"/> Funeral Establishment <input type="checkbox"/> Tanning Establishment <input type="checkbox"/> Other:	
e. Home Office/Studio ONLY		<input type="checkbox"/> I have read and will abide by the standards and conditions in the Town Bylaw Chapter 450, Table 3-1 (G1 – Home office or studio)	
		Existing	
		Proposed	
f. Use of Property/Type of Business			
g. Number of Customers Per Day			
h. Number of Employees			
i. Hours of Operation			
j. Days of Operation			
k. Hours of Deliveries			
l. Frequency of Deliveries		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:	

5) EMERGENCY INFORMATION			
a. Primary Contact		b. Phone	
<input type="checkbox"/> Key Holder? <input type="checkbox"/> Alarm Reset? Comments:			
c. Secondary Contact		d. Phone	
<input type="checkbox"/> Key Holder? <input type="checkbox"/> Alarm Reset? Comments:			
e. Key Lock-box Location			
f. Alarms on Site	<input type="checkbox"/> No Alarm <input type="checkbox"/> Security <input type="checkbox"/> Fire <input type="checkbox"/> Surveillance Camera(s)		
g. Alarm Company		h. Phone	

6) REQUIRED ATTACHMENTS			
a. Attach a Certified Parking Plan for the Property			
b. Attach Workers Compensation Insurance Affidavit			
c. List of All Business Owners Residences – if more than one or applicant is not business owner			

By signing below, I acknowledge that all information presented herein is true to the best of my knowledge. I further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I understand that I must inform the Clerks Department of any amendments to my business certificate in conformity with MGL Ch. 110 Sec. 5. I acknowledge that I will receive a [Form of List](#) from the Assessing Department. I am aware of the annual filing deadline to report all tangible personal property associated with my business. I understand I must also inform the Assessing Department when my business is no longer operating.

Signature of Applicant		Date	
Signature of Owner		Date	

OFFICE USE ONLY - APPROVALS			
<input type="checkbox"/> Approved – No delinquencies over six (6) months old			
Collectors Department		Date	
<input type="checkbox"/> Proposed use permitted-by-right <input type="checkbox"/> Proposed use not permitted <i>By-Law Number:</i>			
<input type="checkbox"/> Proposed use requires the following Planning Board approval: <input type="checkbox"/> Special Permit(s) <input type="checkbox"/> Site Plan Review/Waiver			
Building Department		Date	
<input type="checkbox"/> Health Department permit(s) NOT needed for this project <input type="checkbox"/> Applicant has been notified of required permit(s)			
Health Department		Date	
<input type="checkbox"/> Department Approved - <i>No Board Approval Required</i>			
<input type="checkbox"/> Planning Board Approved <input type="checkbox"/> Planning Board Approved/w Conditions <input type="checkbox"/> Planning Board Denied			
Planning Department		Date	
<input type="checkbox"/> All applicable approvals have been issued			
Clerks Department		Date	