Business Certificate Information and Instructions

In accordance with the provisions of Chapter 110, Section 5 of Massachusetts General Law, Business Certificates shall be in effect for four years from the date of issuance and may be renewed each four years thereafter.

A statement under oath must be filed with the City Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

The filing fee for a Business Certificate in the City of Westfield is $25.00.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business.

The filing and/or issuance of a Business Certificate does not imply compliance with the Zoning Ordinance nor is a Business Certificate a license or permit to conduct business in the City of Westfield.
City of Westfield, Massachusetts  
City Clerk’s Office  

BUSINESS CERTIFICATE

Date: ______________________

IN conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declares(s) that a business

Under the title of: ____________________________________________________________

(Type of Business): __________________________________________________________

Is conducted at: _____________________________________________________________, Westfield, MA

Business Phone Number: ____________________________________________________

By the following individual(s)

or Corporation

Signature

Corporation or Residential Address

________________________________________

________________________________________

________________________________________

________________________________________

NOTE: Signatures must be signed in presence of a City Official or Notary.

__________________________

THE COMMONWEALTH OF MASSACHUSETTS

Date of Oath: ______________________

Personally appeared before me the above-named: ______________________________

Signed and made oath that the foregoing statement is true.

(N Name of City Official)

(Title)

Date Filed in the City Clerk’s Office

Expiration Date: ______________________

(Expires in Four Years)

__________________________

Signature & Seal of Notary: ______________________

Commission Expires: ______________________

Hampden County, ss.

FOR NOTARY USE

On this ______ day of ______, 20__________

personally appeared before me, proved to me through Satisfactory evidence of identification which were:

________________________________________

to be the person who signed the preceding document in My presence and make oath that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

04/2019
Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

<table>
<thead>
<tr>
<th>Business/Organization Name:</th>
<th>Please Print Legibly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

**Are you an employer? Check the appropriate box:**

1. ☐ I am an 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

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*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

<table>
<thead>
<tr>
<th>Insurance Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurer's Address:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Policy # or Self-ins. Lic. #</td>
</tr>
</tbody>
</table>

*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 #: |

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**Official use only. Do not write in this area, to be completed by city or town official.**

<table>
<thead>
<tr>
<th>City or Town:</th>
<th>Permit/License #</th>
</tr>
</thead>
</table>

**Issuing Authority (circle one):**


| Contact Person: | Phone #: |

www.mass.gov/dia