



**BUSINESS CERTIFICATE**  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF EVERETT

Today's date:

Expires:

Fee: \$65.00

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*)

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:  
\_\_\_\_\_

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: \_\_\_\_\_

## **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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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 \_\_\_\_\_

\*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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

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.

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\*Signature of Individual or Corporate Name (Mandatory)

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by: Corporate Officer (Mandatory, if applicable)

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\*\*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 evocation. This request is made under the authority of MA G.L. c 62C s. 49A.



**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)

**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.