

FEES:

\$40.00 New Filing or Renewal

\$15.00 Discontinuance form [includes: retirement, withdrawal, or change of business location]

\$10.00 Certified Copy

When completing the form please note the following:

Business Name: The title under which you are conducting business, also known as a “Fictitious Name” or “Trade Name”.

Business Address: Must be a physical address within the Town of West Springfield. Post Office boxes or other “Business Mailbox” services are not acceptable.

Type of Business: An explanation of your general business activities.

Parent Company Information: If your business structure involves a parent corporation or other entity please indicate the name and address of the parent entity.

Principal Name and Address: The name and address of the certificate filer(s). This may be up to three individuals. Please provide residential addresses for each individual, even if it is also the business address. PO Boxes are not an acceptable address. The address of a parent entity is also acceptable if applicable.

Principal Signature: Each person listed as a principal filer must sign the form either in the presence of a Notary Public or a member of the Town Clerk’s Staff. A photo ID will be required.



Town of West Springfield
BUSINESS CERTIFICATE
M.G.L. Chapter 110, Section 5,

In conformity with M.G.L. Chapter 110, Section 5, I (we) hereby declare that a business under the title of:

(Business Name)

_____, West Springfield, Massachusetts.

(Business Address)

(Type of Business)

(Name of parent company/corporation *if applicable*)

(Address of parent company/corporation *if applicable*)

I (we) acknowledge that filing this certificate does not constitute fulfillment of all of the necessary requirements to operate a business and that other licenses or permits may be required.

(Print Name 1)

(Residence Address)

(Print Name 2)

(Residence Address)

(Print Name 3)

(Residence Address)

_____|_____|_____
Signature(s):

FOR OFFICIAL USE ONLY

PLANNING & BUILDING DEPARTMENT:

APPROVED: _____

CONDITIONS: _____

A TRUE COPY, ATTEST:

TOWN CLERK, WEST SPRINGFIELD, MA

DATE: _____

A true copy shall be accompanied by a raised seal

Commonwealth of Massachusetts
Hampden County, ss.

On this ____ day of _____, 20____, before me,
the undersigned notary public, personally appeared

proved to me through satisfactory evidence of identification,
which was _____ to be the person(s) whose
name(s) is signed above, and who swore or affirmed to me that
the contents of the document are truthful and accurate to the best
of (his) (her) knowledge and belief.

Notary Public/Town Clerk's Office