



TOWN OF EAST LONGMEADOW  
60 CENTER SQUARE  
EAST LONGMEADOW, MA 01028

*Thomas P. Florence, Town Clerk/Clerk of the Council*

(413) 525-5400 ext. 1001

## PROCEDURE for OBTAINING a BUSINESS CERTIFICATE

Applicant obtains the Business Certificate application packet from the Town Clerk's Office or at

<http://www.eastlongmeadowma.gov/documentcenter/view/5613>.

Applicant should complete all the pages in the packet. **Do not sign the Business Certificate until you are in front of a notary.** (There are several notaries in the Clerk's Office and the fee is included in the filing fee)

Applicant must complete, in full, the Application for Zoning Determination and bring the application to the Building Department office for determination. (Note: this processing may take up to 10 days)

Applicant must complete, in full, the Request for Waiver of Site Plan Review and bring the application and completed Zoning Determination to the Planning Board Office to request a meeting date.

After the meeting of the Planning Board, the Planning Department will contact the applicant when the decision is ready for pickup.

Applicant must then obtain approval from both the Collector's Office and the Health Department. Approval from the Collector's office confirms there are no delinquencies over 6 months old.

Applicant will then proceed to the Assessor's Office for information regarding personal property obligations relating to this business and receive a signature from the Assessor or her designee.

Once the Planning Board decision is approved and all signatures are obtained, the applicant should go to the Town Clerk's Office with the signed documents and provide a check in the amount of \$30.00 at which point the business certificate will be issued.

Revised 06/2018



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### **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.
- The laws of Massachusetts (Chapter 110, Section 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, you will need the approval of the East Longmeadow Planning Board.
- 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 (4) years.
- If the address of either the Business or owner(s) changes, you are required to update your Certificate by filing that change with the Town Clerk’s office. If the individual(s) conducting the business changes, you are required to file this change with the Town Clerk’s office as well. If the business is discontinued, you are required to file this change with the Town Clerk’s Office.
- Businesses are subject to Personal Property taxes (Massachusetts General Laws, Chapter 59 Section 29).
- Filing fees:   Business Certificate \$30.00  
                      Statement of Discontinuance \$20.00

Please call if you have any questions about this information.



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*Thomas P. Florence, Town Clerk/Clerk of the Council*

(413) 525-5400 ext. 1001

DATE: _____
BUSINESS NAME: _____
BUSINESS LOCATION: _____
APPLICANTS NAME: _____

X

\_\_\_\_\_  
BUILDING DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

I \_\_\_\_\_, have been advised of all permits & licenses that will need to be obtained through the Planning Board.

\_\_\_\_\_ I have been informed this business certificate requires a Request for Waiver of Site Plan. Once all information is submitted in full, a meeting will be scheduled \*. I am aware that no business certificate will be issued until the Waiver of Site Plan has been reviewed and approved by the Planning Board. Once all information is approved I will be able to proceed to obtain a Business Certificate.

X

\_\_\_\_\_  
PLANNING DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
COLLECTORS DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
HEALTH DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
ASSESSORS DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
CLERKS DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

**\*A WAIVER OF SITE PLAN MEETING IS TENTATIVELY SCHEDULED FOR \_\_\_\_\_**

**PLANNING DEPARTMENT REPRESENTATIVE \_\_\_\_\_**

**WAIVER APPROVED:**

6/28/2018



# BUSINESS CERTIFICATE ZONING DETERMINATION

- For BUILDING DEPARTMENT Use Only -  
Date Filed: \_\_\_\_\_

## 1 PROPERTY INFORMATION

STREET ADDRESS: \_\_\_\_\_

PREVIOUS SPECIAL PERMITS, SITE PLAN APPROVALS, FINDINGS OR VARIANCES ISSUED FOR THIS SITE:  YES  NO  DO NOT KNOW

\*\*\*OFFICE USE ONLY\*\*\*

ASSESSOR'S MAP# \_\_\_\_\_ PARCEL # \_\_\_\_\_

ZONING DISTRICT(S) \_\_\_\_\_

## 2 OWNER & APPLICANT INFORMATION

APPLICANT Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PROPERTY OWNER Name (if different from Applicant): \_\_\_\_\_

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

Phone: \_\_\_\_\_

## 3 PROJECT & SITE DETAILS

- IS THIS A SUBMITTAL FOR A NEW BUSINESS CERTIFICATE?
- IS THIS A SUBMITTAL TO RENEW AN EXISTING BUSINESS CERTIFICATE?
- IS THIS A SUBMITTAL FOR A BOOTH RENTAL?

CURRENT USE OF THE PROPERTY: \_\_\_\_\_

PROPOSED USE OF THE PROPERTY: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

**1 CERTIFICATION**

*This determination is based only on the information provided, which I represent as accurate. The issuance of a Zoning Permit does not relieve the Applicant of the responsibility to obtain other zoning or non-zoning permits, as may be required, and this determination is based on the zoning in effect at the issue date and grants no protection from any pending or future zoning changes. Additional information may be requested and required to properly process this form. Any non-zoning related comments provided are cursory in nature; Applicants should follow-up with appropriate Town Departments. Sec. 4.060(E)(b) of the East Longmeadow General Bylaws authorizes the denial of a license or permit where an outstanding debt or obligation to the Town exists.*

*By my signature, I acknowledge the foregoing statements:*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT  APPLICANT'S REPRESENTATIVE

**FILING INSTRUCTIONS:** *Deliver this form (no fee required) to the Building Department. For digital submissions, please confirm receipt. A complete application will be processed within 30 days. The applicant must pick-up, or arrange for the receipt of, this processed form.*

**ZONING PERMIT DETERMINATION -- FOR BUILDING DEPARTMENT USE ONLY --**

APPROVED  DENIED:  The proposed use is not permitted in the subject zoning district  
 Only permissible with variance relief from the Zoning Board of Appeals

APPROVED PENDING ADDITIONAL APPROVAL:

<u>Per Zoning Ordinance Section(s)</u>	<u>Approval Required</u>	<u>Permitting Authority</u>
	<input type="checkbox"/> SPECIAL PERMIT(s)	<input type="checkbox"/> PLANNING BOARD
	<input type="checkbox"/> SITE PLAN APPROVAL/WAIVER	<input type="checkbox"/> BOARD OF APPEALS
		<input type="checkbox"/> TOWN COUNCIL

TOWN BUILDING OFFICIAL: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

*This determination may be appealable to the Zoning Board of Appeals under the provisions of MGL Ch. 40A Sec. 8.*

# EAST LONGMEADOW APPLICATION FOR SITE PLAN REVIEW WAIVER

Application  
Fee \_\_\_ \$20

## THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING:

1. Request for Zoning Determination form signed by the Building Commissioner;
2. Signed and Notarized Letter of authorization from the property owner of record, if applicant is not the recorded owner; and
3. Tax Collector Affidavit signed by the East Longmeadow Tax Collector.

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Name of Owner of Record: \_\_\_\_\_

Owner of Record's Address: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Allowed Use Y  N

(To be determined by Building  
Commissioner)

Proposed Hours of Operation: \_\_\_\_\_

Number of Employees (including owner): \_\_\_\_\_

Date of last Parking Plan (provide a copy): \_\_\_\_\_

*(Certified updated plan required if older than 10 years)*

What is the Purpose of Business Use? \_\_\_\_\_

Number of Commercial Vehicles: \_\_\_\_\_

See Section 3.01 PROHIBITED USES to determine if any use on site is prohibited

Site is in compliance with 3.01:

Site is not in compliance with 3.01:

\*I, \_\_\_\_\_, OWNER OF ABOVE PROPERTY HEREBY CERTIFY THAT NO SPECIAL PERMIT HAS BEEN ISSUED FOR THIS SITE.

When Considering a Site Plan Waiver request for a **Home Office**, the Planning Board will consider the following criteria:

**Table 3-1 East Longmeadow Schedule Of Use Regulations**

**3.09 ACCESSORY USES**

AA	A	B	C	ER	COM	BUS	I	IGP	GR	PUR	PAR	MU
Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	Y

**3.090 - Home office or studio**

The use of a portion of a home by a resident of the premises as an office or studio for the private conduct of a profession, home occupation, or trade shall be considered Accessory to the use of the residence provided that:

*A Waiver of Site Plan approval for a private home office or studio is granted by the Planning Board prior to any business being conducted at the residence.*

Please complete the following if applying for a Home Office Use:

1. This is a Request for Waiver of Site Plan approval for a private home office or studio for an allowed business use to be conducted at the residence.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. The home occupation will be conducted in an office or studio in the primary dwelling and is carried on only by members of the resident family living on the premises.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. The home occupation is clearly incidental to and secondary to the use of the dwelling as a residence.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. The area devoted to the conduct of the home occupation does not exceed twenty percent (20%) of the habitable floor area of the dwelling unit.	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. No external change will be made which alters the residential appearance of the dwelling or the residential character of the lot.	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. There will be no exterior display, signage or visible storage or other outward evidence that the premises are being used for any purpose other than for a residential use.	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. The use will not constitute a nuisance by reason of an unacceptable level of air or water pollution, noise, vibration, smoke, dust, odor, heat, glare, unsightliness, electrical interference, or other activity which when produced, is detectable to normal sensory perception beyond the property line in amounts exceeding those normal to a residential property.	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. The use shall not constitute a safety hazard to abutters	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. No articles will be sold or offered for sale on the premises.	YES <input type="checkbox"/> NO <input type="checkbox"/>

I, \_\_\_\_\_ THE APPLICANT(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE \_\_\_\_\_

Expiration date: \_\_\_\_\_  
(four years)

# \_\_\_\_\_

BUSINESS CERTIFICATE  
 New Filing  Renewal

**THE COMMONWEALTH OF MASSACHUSETTS**

Fee: \$30.00

**IN TOWN OF EAST LONGMEADOW OR**

\_\_\_\_\_ 20 \_\_\_\_\_

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

by the following persons:

Full name

Residence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

**THE COMMONWEALTH OF MASSACHUSETTS**

Commonwealth of Massachusetts }  
County of Hampden } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
\_\_\_\_\_, the undersigned Notary Public, personally

*(Name of Notary)*

Appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

and proved to me through satisfactory evidence of identity, which was/were \_\_\_\_\_, to be the person(s)

*(Description of Evidence)*

whose name(s) was/were signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
*(Signature of Notary Public)*

Authorization \_\_\_\_\_

\_\_\_\_\_  
*(Printed Name of Notary Public)*

My commission expires: \_\_\_\_\_





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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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.

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.

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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](http://www.mass.gov/dia)

**Non-Residents ONLY doing Business in Massachusetts**

**Certificate and Statement**

**Filing Fee: \$25.00 (in addition to regular fee)**

**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 in the front hereof.**

**Signature (s): \_\_\_\_\_**  
**\_\_\_\_\_**

**Ch. 227, Sec. 5A**  
**Corporate Seal**

**IMPORTANT NOTICE**

**This Certificate expires four (4) years from the date of issue. If you cease conducting business before that time, the law requires that you withdraw this certificate with the Office of the Town Clerk.**



# TAX COLLECTOR AFFIDAVIT

Please Print Legibly

Applicant's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Parcel ID \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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*To be completed by the East Longmeadow Tax Collector (or designee)*

This is to certify that, in accordance with Chapter 40, Section 57 of the Acts of 1996, the persons and properties herein:

have uncollected taxes, fines, fees or other charges owing to the Town of East Longmeadow that would prevent the issuance of permits

have **NO** uncollected taxes, fines, fees or other charges owing to the Town of East Longmeadow that would prevent the issuance of permits

\_\_\_\_\_  
East Longmeadow Tax Collector (or designee)

\_\_\_\_\_  
Date

Allow up to 10 days for processing. Collector will email you when ready for pickup.

East Longmeadow bylaw states that any tax past due over 6 months will prevent the issuance of permits.