

CITY OF SPRINGFIELD  
36 COURT STREET  
SPRINGFIELD, MA 01103  
413-787-6096

**BUSINESS CERTIFICATE FILING**

Massachusetts General Law Chapter 110, Section 5 requires the filing of business certificates. This office brings to your attention the following information:

1. A certificate filed in accordance with the law after January 2, 1986 shall be in force and effective for four (4) years from the date of issue and shall be renewed each four (4) years thereafter so long as such business shall be conducted and shall lapse and be void unless renewed.
2. The filing fee in the City of Springfield is **\$50.00**. Please complete the Business Application Form prior to coming into the City Clerk's Office. Any changes to a business certificate is **\$40.00**
3. 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.
4. The Massachusetts Department of Industrial Accidents requires each business to file a Worker's Compensation Insurance Affidavit, please bring proof of insurance with you or the City will not be able to process your application.
5. **Violations of this law shall be punished by a fine of not more than three hundred (\$300.00) for each month during which such violation continues.**

THIS OFFICE ADVISES YOU TO ADHERE TO THE PROVISIONS OF THIS STATUTE IN AS MUCH AS THESE CERTIFICATES ARE EXAMINED DAILY BY REPRESENTATIVES OF BANKS AND OTHER FINANCIAL INSTITUTIONS, STATE AND FEDERAL TAX OFFICES, CONSUMER GROUPS AND AGENCIES, ATTORNEYS, UTILITY COMPANIES, LAW ENFORCEMENT AGENCIES AND OTHER INTERESTED PARTIES.

**THIS OFFICE RECOMMENDS THAT YOU OBTAIN A CERTIFIED COPY OF YOUR BUSINESS CERTIFICATE AT THE TIME OF ORIGINAL FILING IN ORDER FOR YOU TO BE IN FULL COMPLIANCE WITH THE LAW.**

IF THIS OFFICE HAS RECEIVED YOUR FILING THROUGH THE MAIL, A CERTIFIED COPY MAY BE OBTAINED FOR **\$20.00** BY WRITTEN REQUEST WITH THE PROPER IDENTIFYING INFORMATION AND A SELF-ADDRESSED, STAMPED ENVELOPE.

**THE FILING OF A BUSINESS CERTIFICATE DOES NOT IMPLY ZONING ORDINANCE COMPLIANCE AND IT IS NOT A LICENSE OR PERMIT TO CONDUCT A BUSINESS IN THE CITY OF SPRINGFIELD.**

**ALL CERTIFICATES MUST BE FILLED OUT IN BLACK INK ONLY!!**

**PLEASE PRINT ALL INFORMATION ON THE BUSINESS CERTIFICATE FORM EXCEPT FOR SIGNATURES.**

**BUSINESS CERTIFICATE WORKSHEET FORM**  
**CITY OF SPRINGFIELD**

NEW \_\_\_ RENEWAL \_\_\_ DISCONTINUANCE \_\_\_ (Check One)

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER 110, SECTION 5 OF THE GENERAL LAW, AS AMENDED, THE UNDERSIGNED HEREBY DECLARE THAT A BUSINESS IS CONDUCTED UNDER THE NAME OF:

\_\_\_\_\_ AT

\_\_\_\_\_  
(ADDRESS)

IS THE ABOVE ADDRESS THE PROPER MAILING ADDRESS FOR ALL PUBLIC CORRESPONDENCE: YES \_\_\_ NO \_\_\_. IF NOT, PLEASE PROVIDE MAILING ADDRESS BELOW.

SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_ OR FEDERAL ID # \_\_\_\_/\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_/\_\_\_\_ HOME # \_\_\_\_/\_\_\_\_

BUSINESS FAX NUMBER \_\_\_\_/\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

PARENT CORPORATION IF ANY: \_\_\_\_\_

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

NUMBER OF EMPLOYEES: \_\_\_\_\_ (PROOF OF STATE WORKER'S COMPENSATION INSURANCE IS REQUIRED IF YOU HAVE EMPLOYEES, THE CITY WILL NOT ACCEPT AN APPLICATION WITHOUT PROOF OF WORKER'S COMPENSATION INSURANCE)

BY THE FOLLOWING NAMED PERSON(S):

**FULL NAME**  
(First/Middle/Last/Title)

**RESIDENT ADDRESS**  
(No./Street/City/State/Zip)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MAILING ADDRESS

\_\_\_\_\_/\_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CITY STATE ZIP

SIGNATURE(S):

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

**FOR CITY USE ONLY: Send Copy to Board of Assessors**

**OVER**

**BUSINESS CERTIFICATE**  
**CITY OF SPRINGFIELD**  
Commonwealth of Massachusetts

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER 110, SECTION 5 OF THE GENERAL LAW, AS AMENDED, THE UNDERSIGNED HEREBY DECLARE THAT A BUSINESS IS CONDUCTED UNDER THE TITLE OF:

\_\_\_\_\_ AT

\_\_\_\_\_ (ADDRESS)

IS THE ABOVE ADDRESS THE PROPER MAILING ADDRESS FOR ALL PUBLIC CORRESPONDANCE: YES \_\_\_\_\_ NO \_\_\_\_\_. IF NOT, PLEASE PROVIDE MAILING ADDRESS BELOW.

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR FEDERAL EIN# \_\_\_\_\_ / \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ / \_\_\_\_\_ HOME # \_\_\_\_\_ / \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ (PROOF OF STATE WORKER'S COMPENSATION INSURANCE IS REQUIRED IF YOU HAVE EMPLOYEES, THE CITY WILL NOT ACCEPT AN APPLIATION WITHOUT PROOF OF WORKER'S COMPENSATION INSURANCE)

BY THE FOLLOWING NAMED PERSON(S):

FULL NAME

RESIDENCE

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

SIGNATURE(S):

|  |  |
|--|--|
|  |  |
|  |  |

ON \_\_\_\_\_ THE ABOVE NAMED PERSON(S) PERSONALLY APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING STATEMENT IS TRUE.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

NOTARY PUBLIC; MY COMMSIION EXPIRES \_\_\_\_\_

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 ISSUE AND SHALL 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.

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.

VIOLATIONS ARE SUBJECT TO A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS (\$300/00) FOR EACH MONTH DURING WHICH SUCH VIOLATION CONTINUES.

THE FILING OF A BUSINESS CERTIFICATE **DOES NOT IMPLY ZONING ORDINANCE COMPLIANCE AND IT IS NOT A LICENSE OR PERMIT TO CONDUCT A BUSINESS IN THE CITY OF SPRINGFIELD.**

THIS CERTIFICATE VOID AFTER \_\_\_\_\_