

**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**