

Instructions for Filing a Business Certificate in Newton, MA

Required by Massachusetts General Law

1. Please complete all forms in black ink or with a typewriter. Information must be legible.
2. Complete the Business Certificate Application. This form must include the full name and address of each owner conducting the business, and must be signed by each owner in the presence of a notary public (Notaries Public are available in the City Clerk's Office). All addresses must be complete with street and number to comply with Chapter 262, Section 34 of the Massachusetts General Law. Post Office Box addresses are not acceptable.
3. Before submitting the Business Certificate application to the City Clerk, it must be signed by the Inspectional Services Department, which is located on the second floor of City Hall. This is to verify zoning requirements.
 - 3a. If your business is located in a residence, the owner(s) must complete a Home Business/Office Affidavit, bring it in person to City Hall, and have it approved by the Inspectional Services Department, located on the second floor of City Hall. See the attached form for more information on the types of businesses allowed in a residence.
4. It is the responsibility of the business owner(s) to check with the Corporations Office in Boston to verify that you are not using a corporate name that is protected in the State of Massachusetts. Their telephone number is 617-727-2850.
5. Corporations must file a Business Certificate if doing business under a name other than its corporate name. The name of the corporation and the corporate address should be listed where the form asks for "full name and address of each person conducting such business". The owner of the corporation must sign the form.
6. Filing Fee (please make payable to the City of Newton)

\$35.00 includes a certified copy.
7. Any change in a Business Certificate must be recorded in the City Clerk's Office by filing the appropriate form. These forms are available in the City Clerk's Office or on the City's website at: www.ci.newton.ma.us/city%20clerk/index.htm

Discontinuance: The information on this form must be the same as it was on the original business certificate. If there has been a change of address since the business certificate was filed, and no amendment to change the address was filed, the old and present address should be written on the discontinuance form so that the records will agree.

Filing Fee \$10.00

Amendment: To be filed for change of the business name or address.

Filing Fee: \$10.00

Withdrawal from Partnership:

Filing Fee: \$10.00

If you have any questions regarding filing a Business Certificate, please call the City Clerk's Office at 617-796-1200.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton.

Zoning District: _____

Attest: _____
Inspectional Services Department Official

Received in the City Clerk's Office

Date: _____ Time: _____

Book: _____ Page: _____

And entered in the records of business titles in the City Clerk's Office in the City of Newton.

Newton City Clerk



Inspectional Services Department

John D. Lojek, Commissioner
1000 Commonwealth Avenue
Newton Centre, MA 02459-1449
Telephone: (617) 796-1060
Fax: (617) 796-1086
www.ci.newton.ma.us

Building/Zoning Inspectors
(617) 796-1060
Zoning Board of Appeals
(617) 796-1060
Plumbing and Gas Division
(617) 796-1070
Electrical Division
(617) 796-1075
TDD/TTY: (617) 796-1089

HOME BUSINESS/OFFICE AFFIDAVIT

ADDRESS: _____

BUSINESS OWNER'S NAME: _____

PHONE: _____ **EMAIL:** _____

Please check the box if you are renting/leasing at the above address. (See back of form)

A home business or office is any commercial activity conducted within a dwelling unit by the residents thereof as an accessory use to the residential use of the dwelling unit, provided that no sale of merchandise, whether retail or wholesale, takes place on the premises, except as expressly provided below.

The term "**home business**" shall include but is not limited to, the studio of an artist, musician, photographer or writer; small group or individual instruction or tutoring; tailoring; millinery; crafts; word processing; computer software development; telephone solicitation; a manicurist; an office of a sales or manufacturer representative; and an office of a physician, dentist, lawyer, architect, registered engineer, accountant, psychologist, social worker or other professionals.

The term "**home business**" shall not include the following: a clothing rental business; a barber shop; a hairdresser; a restaurant; a repair shop, whether for small appliances or otherwise; a real estate broker; an orchestra or an instrumental music group; an antique shop; an animal hospital; or businesses similar to those enumerated.

A single home business per dwelling unit shall be permitted as an accessory use so long as such home business does not violate any of the following conditions:

1. The home business shall be clearly incidental and secondary to the use of the dwelling as a residence, shall be located within the dwelling unit, and shall not change the residential character thereof;
2. Irrespective of the location of the home business within the dwelling unit, the total area of the dwelling unit utilized for the home business shall not exceed thirty percent (30%) of the ground floor area of the dwelling unit or thirty percent (30%) of the gross floor area of an individual apartment if the dwelling unit is located in a multi family dwelling;
3. Not more than one (1) nonresident shall be employed in a secretarial or like position in a home business, except that a physician or dentist may employ one (1) technician in a capacity supportive of the practice of the resident professional in addition to one (1) secretary; Not more than three (3) customers, pupils or patients for business or instruction shall be present at any one time;

(OVER)

4. There shall be no on-premise storage of merchandise for sale in any instance where the home business is primarily a direct mail-order or telephone-order business, except in instances where the merchandise for sale is produced entirely on the premises;
5. There shall be no exterior display or exterior storage of merchandise, and no exterior indication of the home business other than one (1) non-illuminated identification sign not to exceed one (1) square feet in area;
6. There shall be no retail or wholesale sale of merchandise on the premises;
7. The home business shall not produce noise, vibration, glare, fumes, odors, electrical interference or traffic congestion beyond that which normally occurs in the immediate residential area, nor shall the home business result in the repeated disruption of the peace, tranquility, or safety of the immediate residential neighborhood;
8. In addition to the parking required for the residential use of a dwelling unit, off street parking shall be provided as follows: one (1) parking stall for each two hundred (200) square feet, or fraction thereof, of floor area used for the home business. If more than one (1) parking stall is required for the home business, the total number of parking stalls required shall be reduced by one (1) stall;
9. In any single family dwelling which has an authorized accessory apartment there shall be no more than one (1) home business, which shall be located in the principal dwelling unit.

Describe the intended business or office use: _____

I hereby certify that my Home Business or Office described above does and will conform to the above regulations.

SIGNATURE OF BUSINESS OWNER

DATE

I hereby certify that as the homeowner I have been informed of the Home Business or Office as described above.

SIGNATURE OF HOME OWNER

DATE

ISD OFFICIAL

DATE

(City of Newton Revised Ordinance 1984, Section 30-8(c) as amended, Revised 10/30/96, HAH)

Commonwealth of Massachusetts

City of Newton

Statement of Discontinuance, Withdrawal from, or Deceased from Business or Partnership

In conformity with the Provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that the individual(s) listed below is(are) deceased [] , retired from [] or withdrawn from [] the following business; or the business has been discontinued []

Business Name: _____

Location of Business: _____
(street address as it appears on the Business Certificate)

as set forth in the certificate filed in the City Clerk's Office on: _____ Book: _____ Page: _____
(date of filing)

The full name and address of each person conducting such business:

- 1. _____
Name Address Signed
- 2. _____
Name Address Signed
- 3. _____
Name Address Signed

Signature of Executor/Administrator of Estate if Deceased

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

(seal)

Notary Public My Commission Expires: _____

This business was discontinued on: _____
Date

Commonwealth of Massachusetts

City of Newton

Statement of Change of Location of Business, or Change of Residence

Change of Location

In conformity with the Provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that the location of the business as it appears on the Business Certificate of:

Business Name: _____

Location of Business: _____
(street address as it appears on the Business Certificate)

as set forth in the certificate filed in the City Clerk's Office on: _____ Book: _____ Page: _____
(date of filing)

has changed to (New Location): _____

Name	Address	Signed
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Change of Residence

In conformity with the Provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that their residence as it appears on the Business Certificate of:

Business Name: _____

as set forth in the certificate filed in the City Clerk's Office on: _____ Book: _____ Page: _____
(date of filing)

Has changed to:

Name	Address	Signed
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On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

(seal)

Notary Public My Commission Expires: _____

This location or residence was changed on: _____
Date