



# Town of Sterling

Office of the Town Clerk  
1 Park St, Butterick Municipal Bldg.  
Sterling MA 01564  
Tel 978 422 8111 ext 2307  
Email [TownClerk@sterling-ma.gov](mailto:TownClerk@sterling-ma.gov)

## Business Certificate / DBA

Today's date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

In conformity with the provisions of MGL Ch110:5 as amended, the undersigned hereby declare(s) that a business will be operating under the title of:

**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

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

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

**Description / Purpose of Business:** \_\_\_\_\_

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

Do you run your business out of your home? (If yes, complete Home Occupation Application    Yes     No   
Is your business a corporation that has been filed with the Commonwealth of Massachusetts?    Yes     No

Print Owner Name(s):                      Residence    Phone #

Print Owner Name(s):                      Residence    Phone #

If your business is involved in the following uses: construction, exterior alterations or exterior expansion of, or change of use within a municipal, institutional, commercial, industrial or multi-family structure involving more than 500sq ft, it will require a site plan review by the Planning Board. For more information please contact the Planning Board at: 978 422 8111 ext 2320 Planning Board Chair Signature Date:  
Building / Zoning Official: \_\_\_\_\_ (Not required for renewals)

PLEASE NOTE: All home occupations require a Home Occupation Application approved by the Building Department

I understand that the business for which I am seeking this Certificate may be subject to local regulations and that the issuance of this Certificate does not document compliance with any of those regulations, nor does it in any manner waive the Town of Sterling's ability to enforce those regulations on the business which is the subject of this Certificate. It is my obligation to ensure that the business for which this Certificate is sought receives all other required local and state approvals prior to conducting any business operations.

I certify under penalties of perjury that the above is true to the best of my knowledge and belief. (To be signed in the presence of the Town Clerk or Assistant Town Clerk, or a Notary Public. Notary Public: please include Commission expiration date.)

Owner's Signature \_\_\_\_\_

Second Owner's Signature (if applicable) \_\_\_\_\_

Town Clerk / Assistant Town Clerk / Notary Public Signature \_\_\_\_\_

Date \_\_\_\_\_