

**Town of Phillipston**

**Info Needed to Apply for a Business Certificate with the Town Clerk**

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

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

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

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

Business Owner(s): \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

**IDENTIFICATION:**

MA Driver's License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business FID/TIN Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Worker's Compensation Insurance Policy Number (if applicable): \_\_\_\_\_

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

**CHECK MADE PAYABLE TO THE TOWN OF PHILLIPSTON for \$40.00**