

BUSINESS CERTIFICATE

The Commonwealth of Massachusetts

Norton

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declares(s) that a business under the title of -----  
----- is conducted at

Number -----, Norton MA 02766

By the following named person.

FULL NAME

RESIDENCE

-----  
-----  
-----

DESCRIBE BUSINESS BEING CONDUCTED -----

Signed

-----  
(SIGNATURE)

-----  
(SIGNATURE)

-----  
(SIGNATURE)

-----  
(SIGNATURE)

The Commonwealth of Massachusetts

-----SS.

Personally appeared before me the above-named -----

made oath that the foregoing statement is true.

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

Expiration Date -----

(Seal)

(TITLE)

BLDG INSP. -----

Comments -----



# NORTON PUBLIC SAFETY – COMMUNICATIONS DEPARTMENT

EMERGENCY DISPATCH

82 East Main Street

Norton, Massachusetts 02766-2310

CHARLENE A. FISK  
COMMUNICATIONS SUPERVISOR  
508-285-0207

DISPATCH 508-285-0208  
FAX 508-285-0296  
EMERGENCY 9-1-1

## BUSINESS EMERGENCY CONTACT INFORMATION

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

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

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business E- Mail: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Contact Number: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_  
(if different)

Owner's Home Address: \_\_\_\_\_

Owner's Contact Number: \_\_\_\_\_

## After Hours Emergency Contact Information

Emergency Contact # 1: \_\_\_\_\_  
(Name & Number)

Emergency Contact # 2: \_\_\_\_\_  
(Name & Number)

Emergency Contact # 3: \_\_\_\_\_  
(Name & Number)

Emergency Contact # 4: \_\_\_\_\_  
(Name & Number)

Emergency Contact # 5: \_\_\_\_\_  
(Name & Number)