



*The Commonwealth of Massachusetts*  
**Town of Norton**

**BUSINESS CERTIFICATE**

Fee: \$40.00 (for four years)

Issue date: \_\_\_\_\_

Expires: \_\_\_\_\_

☐ Renewal

☐ New - Building Inspector Sign Off Required: \_\_\_\_\_

**In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:**

Name of Business: \_\_\_\_\_ ,

Nature of Business: \_\_\_\_\_ is conducted at

Location of Business in Norton: \_\_\_\_\_ , accepting mail at

Mailing Address (if different): \_\_\_\_\_ , or via email /phone at

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**by the following named person (s):**

Owner (s) Full Name (s) \*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Owner Residence Address (es)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\* If a corporate officer, include the title of signing officer.

**Owner Signatures below -- Sign ONLY in the PRESENCE of a Notary Public OR the TOWN CLERK**

*Signed under penalties of perjury:*

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

The Commonwealth of Massachusetts

**Bristol County, ss.**

Date: \_\_\_\_\_

Personally appeared before me the above-named \_\_\_\_\_  
proved through satisfactory evidence of identification, which was a \_\_\_\_\_ to be the person(s) whose  
name is signed on the above document who swore or affirmed to me the contents of the document are truthful and accurate  
to the best of their knowledge and belief.

Notary Public: \_\_\_\_\_

(Town Seal)

(Notary Seal)

\_\_\_\_\_  
Danielle M. Sicard, Town Clerk

Notary expires: \_\_\_\_\_

**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.**

*A statement must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business.*



## NORTON PUBLIC SAFETY – COMMUNICATIONS DEPARTMENT

### EMERGENCY DISPATCH

82 East Main Street

Norton, Massachusetts 02766-2310

CHARLENE A. FISK  
DIRECTOR OF COMMUNICATIONS  
508-285-0207

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

Date: \_\_\_\_\_

### 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-Address)

Emergency Contact # 2: \_\_\_\_\_  
(Name-Number-Address)

Emergency Contact # 3: \_\_\_\_\_  
(Name-Number-Address)

Emergency Contact # 4: \_\_\_\_\_  
(Name-Number-Address)

Emergency Contact # 5: \_\_\_\_\_  
(Name-Number-Address)