



**Town of Braintree
Commonwealth of Massachusetts**

BUSINESS CERTIFICATE APPLICATION

This document serves only as an application for the registration of your business

Name of Business _____

Type of Business _____

Address of Business _____

BUSINESS CERTIFICATE APPROVALS

You **MUST** obtain approval from the following departments **PRIOR** to being issued a business certificate.
It is the responsibility of the Business owners to apply for such approvals.

Tax Collector/Treasurer ___ Yes ___ No ___ Approval Not Required Initials _____

Board of Health: ___ Yes ___ No ___ Approval Not Required Initials _____

Building Inspector: ___ Yes ___ No ___ Approval Not Required Initials _____

CONDITIONS: _____

BUSINESS OWNERS SIGNATURES

Applicant #1

Name _____

Address _____

Signature _____

Applicant #2

Name _____

Address _____

Signature _____

Applicant #3

Name _____

Address _____

Signature _____