



TIME STAMP

TOWN OF WENHAM

TOWN CLERK'S OFFICE

BUSINESS CERTIFICATE APPLICATION

Name: _____ Phone: _____

Home Address: _____ E-mail: _____

Name of Business: _____

Location: _____

Map: _____ Lot: _____ District: _____

Home Office: _____ Other: _____

Business Type (Please give detail) _____

*If the business is to be conducted in a residence, please answer the following:

	YES	NO
Is the business conducted solely within a dwelling and solely by the person(s) occupying the dwelling as a primary residence?		
Is the business clearly incidental and secondary to the use of the premises for residential purposes?		
<i>If the answer to either of the above questions is NO you must consult with the Zoning Board of Appeals prior to the issuance of any business certificate.</i>		
	YES	NO
Does the business produce offensive noise, vibration, smoke, dust, odors, heat, lighting, electrical interference, radioactive emission or environmental pollution?		
Does the business utilize exterior storage of material or equipment?		
Does the business exhibit any exterior indication, including signs, of its presence or any variation from residential appearance?		
Does the business produce more than two (2) customer, pupil, or client trips to the occupation site per day?		
Does the business have any nonresident employees?		
<i>If the answer to any of the above questions is YES you must consult with the Zoning Board of Appeals prior to the issuance of any business certificate.</i>		



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*****FOR TOWN HALL USE ONLY*****

Applications will be routed as appropriate and determined by the Permitting Office, to the following Departments, Boards, and Committees for necessary actions:

Building Inspector: _____	Approval Date: _____
Animal Control Officer: Inspection Required: Y N	Inspection Date: _____
Fire Department: Approval Required: Y N	Inspection Date: _____
Police Department: Approval Required: Y N	Inspection Date: _____
Board of Health: Permit Required: Y N	Approval Date: _____
Approval Required: Y N	Inspection Date: _____
Historic District Commission: Certificate of Appropriateness required? Y N Approval Date: _____	
Town Collector: Property in Good Standing: Y N	Initial & Date: _____
Board of Selectmen: Permit Required: Y N	Permit Number: _____

Conditions:

Once complete, the application will be returned to the Town Clerk and you will be notified of the status.