



Town of Brewster Town Clerk's Office

2198 Main St., Brewster, MA 02631
cwilliams@brewster-ma.gov
(508) 896-4506

Town Clerk's Office

Colette M. Williams
Town Clerk

Jayanne Sci
Asst. Town Clerk

BUSINESS CERTIFICATE WORKSHEET

BUSINESS NAME: _____

Business Address: _____ Phone: _____

Property Owner: _____

Business Owner (if different): _____

Email: _____

Brief description of business: _____

Before obtaining a DBA/Business Certificate in the Town of Brewster, you will need to visit with each Department listed below to make sure that you are in compliance with all appropriate Town Bylaws and Mass. General Laws.

DEPARTMENT	SIGN & DATE
Board of Assessor's	
Board of Health	
Building Department	_____ initial that Building Dept. application has been completed
Select Board/Town Admin.	

Should a department not be open/available, please continue with getting signatures and return to Town Clerk's Office with this form

After you obtain all signatures, please return to the Town Clerk's office for your Business Certificate.

Issued by: _____ DATE: _____



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
PHONE: (508) 896-3701 EXT 1125
FAX: (508) 896-8089
WWW.BREWSTER-MA.GOV

OFFICIAL USE ONLY

Building Official: _____

Date: _____

**BUILDING DEPARTMENT
BUSINESS CERTIFICATE / DBA APPLICATION**

In order for the Building Department to verify that the activity on a property complies with all applicable rules and regulations including but not limited to the Brewster Zoning Bylaws, State Building Code and the Old Kings Highway Regional Historic District the following information shall be submitted.

Please submit a written description of the type of business being operated from this property including how much of the building(s) are used for this business and whether the building is open to the general public or if there is any exterior indication of this business, i.e. signage, commercial vehicles or equipment, large or frequent deliveries or pickups.

If it is determined that the business activity requires permitting, you will be so notified by the Building Department.

Old Map _____ Lot _____ New Map _____ Lot _____

Applicant(s) Name _____

Street _____

Mailing Address _____

Telephone # _____ Email _____

Business Name & Type of Business _____

Please provide a written description of the type of business being operated from this property:

How much of the building in square feet is used for the business? _____

Please provide a floor plan with dimensions indicating business area.

Open to the Public ☐ Yes ☐ No

Signage? ☐ Yes ☐ No

Commercial Vehicles or Equipment ☐ Yes ☐ No

Large or Frequent Deliveries/Pickups ☐ Yes ☐ No

Applicant's Signature