

## FILING A BUSINESS CERTIFICATE

You may file, in person or by mail, a business certificate at the City Clerk's Office at the following address:

City Clerk's Office  
Lowell City Hall, Room 31  
375 Merrimack Street,  
Lowell MA, 01852  
(978) 674-4161  
[www.lowellma.gov](http://www.lowellma.gov)

The City Clerk's Office accepts business certificates during regular hours of service.

Hours of Service:

8:00AM - 5:00PM Mon, Weds, Thurs

8:00AM - 8:00PM Tues

8:00AM - 12:00PM Fri

**Please note:** A Workers Compensation Insurance Affidavit must be filed with each new filing, renewal or with any changes to a previously filed Workers Compensation Insurance Affidavit.

- The fee for filing or renewing a business certificate is \$50.00, and includes one certified copy.
- The fee for changing, partially withdrawing from, or discontinuing a business certificate is \$30.00, and includes one certified copy.
- Additional certified copies are \$20.00 each.

The City accepts checks or money orders only by mail, and checks, money orders or cash in person. Checks should be made payable to "City of Lowell."

Once filed, a business certificate is valid for four years.

To file, change, or discontinue a business certificate in person at the City Clerk's Office, each owner listed on the business certificate must be present, and show some form of State issued identification. There are Notary Public's at the City Clerk's Office that can notarize the owners' signatures. You will receive one certified copy at the time of filing.

To file, change, or discontinue a business certificate by mail, fill out the form(s) in duplicate completely in **black ink**. Each owner listed on the business certificate must then sign in **black ink** in the presence of a Notary Public. Mail the (2) completed and notarized business certificates, Workers Compensation Insurance Affidavit and copy of certificate of insurance if applicable along with a check or money order for the appropriate fee to the address above. This office will mail back one certified copy.

If you want to file a change in the business, note the following:

- A change in the business name requires the filing of a new business certificate, signed by all new owners, and the discontinuance of the old business certificate signed by all old owners.
- A change in the business address is a change that requires the signature of all owners.
- The withdrawal of an owner requires the signature of all owners.
- The addition of an owner requires the filing of a new business certificate, signed by all new owners, and the discontinuance of the old business certificate signed by all old owners.

**Commonwealth of Massachusetts  
Business Certificate**

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Date Form's Filing Changed

\_\_\_\_\_  
Business Certificate #

*In conformity with the provision of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of*

\_\_\_\_\_ is conducted at  
Name of Business

\_\_\_\_\_, Lowell, MA \_\_\_\_\_  
Business Address Zip Code Business Phone #

Business E-mail: \_\_\_\_\_

*by the following named person(s) or Corp. fullname:*

Name/Corp. \_\_\_\_\_ Signature: \_\_\_\_\_  
Residence (St, City, Zip): \_\_\_\_\_ Email: \_\_\_\_\_

Name/Corp. \_\_\_\_\_ Signature: \_\_\_\_\_  
Residence (St, City, Zip:) \_\_\_\_\_ Email: \_\_\_\_\_

Name/Corp. \_\_\_\_\_ Signature: \_\_\_\_\_  
Residence (St, City, Zip:) \_\_\_\_\_ Email: \_\_\_\_\_

Name/Corp. \_\_\_\_\_ Signature: \_\_\_\_\_  
Residence (St, City, Zip:) \_\_\_\_\_ Email: \_\_\_\_\_

Name/Corp. \_\_\_\_\_ Signature: \_\_\_\_\_  
Residence (St, City, Zip:) \_\_\_\_\_ Email: \_\_\_\_\_

*Purpose of filing this Business Certificate:*

- New Business       Renewal of an expiring business certificate       Change in a business address  
 Partial withdrawal of an owner       Discontinuance of a business

*A certificate issued in accordance with this Section shall be in force and effective for 4 years from the date of Issue and shall be renewed each 4 years thereafter so long as such business shall be conducted, and shall lapse and be void unless so renewed.*

*Middlesex S.S.*

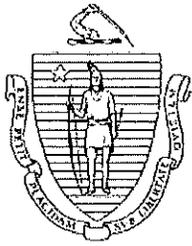
**The Commonwealth of Massachusetts**

On this day of \_\_\_\_\_, before me, the undersigned Notary Public or City Clerk's designee, personally appeared: \_\_\_\_\_

proved to me through satisfactory evidence of identification, which were: \_\_\_\_\_  
to be the person(s) whoes name(s) is/are signed on this document, and who swore or affirmed to me that the contents of the document are truthfull and accurate to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

The Business Certificate expires on: \_\_\_\_\_  
(Notarial or City Seal)



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

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

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (check one):

1.  Board of Health   2.  Building Department   3.  City/Town Clerk   4.  Licensing Board

5.  Selectmen's Office   6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_