

**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF WARREN**

**BUSINESS INFORMATIONAL FORM**

DATE: \_\_\_\_\_

\_\_\_\_\_

In conformance with the provisions of Massachusetts General Laws, Chapter 110, Section 5, as amended, the undersigned hereby declare (s) that a business under the title of:

\_\_\_\_\_

is conducted at: \_\_\_\_\_

in the Town of Warren, Massachusetts by the following named person(s):

*Printed Name(s):*

*Printed Home Address & Mailing Address:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature(s):*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....

*Building Inspector or City Planner Approval:* ..... *Date:* .....

For purposes of the Building Inspector and Board of Health, please fill in the following information about your business:

**Name of Business:** \_\_\_\_\_

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

**Owner's Phone #:** \_\_\_\_\_

**Owner's E-mail address:** \_\_\_\_\_

**\*\*Please include a copy of your ID (driver's license, etc.)\*\***

**PLEASE DESCRIBE YOUR BUSINESS:**

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**Will there be storage of vehicles or materials on site?      YES      NO**

**If so, where and what type of materials:** \_\_\_\_\_

**Will you be installing a business sign?      YES      NO**

*If yes, please contact the Building Inspector for permitting and zoning information*

**Circle any/all categories that are involved with this business:**

Serving or selling food to the public, bed & breakfast, tanning facility, body piercing, tattoo parlor, refuse/septic hauling, keeping of farm animals, hazardous waste (including photographic chemicals), sale of tobacco products, funeral home, day care facility, colonic therapy, medical facility, or other activity which may involve Health Department oversight.