



CITY OF HOLYOKE

Office of the City Clerk
536 Dwight Street, Holyoke, Massachusetts
Phone: 413-322-5520 Fax: 413-322-5521

Brenna Murphy McGee
City Clerk

Irma Lopez
Assistant City Clerk

IMPORTANT NOTICE

A business certificate identifies the owner of a business. The certificate does not grant the holder a permit or license to operate a business and does NOT allow a business to be conducted in violation of Zoning Ordinances.

To operate a business in the City of Holyoke, you must obtain all required permits, licenses, and approvals to operate your business. For information and assistance starting a business in the City of Holyoke, please refer to Form C of this packet.

INSTRUCTIONS FOR COMPLETING BUSINESS CERTIFICATE APPLICATION

1. In Section 1, print the exact name of the business, followed by the business location, and if different, please supply the property owner's name and address. Please also mark whether this application is new or a renewal.
2. In Section 2, print the name, residential address, social security number or federal ID number, email address and telephone number for each person conducting the business.
3. In Section 3, complete the required forms as stated. The Tax Clearance Form ("Form A") requires the signature of the Tax Collector and Treasurer. The required signatures may be obtained by (1) visiting the respective office during normal business hours or (2) mailing Form A with a stamped, self-addressed envelope to the address stated on Form A.
4. In Section 4, review the information you have provided and sign the application under penalty of perjury and under oath before a notary public to witness the signature. (Our office will provide notary service free of charge).
5. Mail or present the completed application, along with completed Form A, Form B, and Form C, and filing fee, to the City Clerk's Office at 536 Dwight Street, Room 2.

IMPORTANT INFORMATION ABOUT BUSINESS CERTIFICATES

As required by Massachusetts General Laws, Chapter 110, Section 5, filing a business certificate identifies the owner(s) and registers the name of a business operating within the City of Holyoke. Copies of an issued certificate must be available and furnished to patrons of the business upon request during normal business hours.

Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. Violation of these requirements shall be punishable under state law up to \$300.00 per month of non-compliance.

Created by Brenna Murphy McGee
Updated: March 30, 2016

**Any fees paid are non-refundable*

FOR OFFICE USE ONLY

Book:

Page:

Date:

Expires:

I have reviewed information relative to the above-cited property and have this day issued a Business Certificate pursuant to Massachusetts General Laws Chapter 110, Section 5.

City Clerk or designee

Date



CITY OF HOLYOKE

Office of the City Clerk,
536 Dwight Street, Holyoke, Massachusetts
413-322-5520 fax 413-322-5521

APPLICATION FOR BUSINESS CERTIFICATE

In accordance with Massachusetts General Laws Chapter 110, Section 5, the undersigned hereby declare that a business is conducted under the name of: _____

Section 1:

APPLICATION:

NEW

RENEWAL

REGISTRATION FEE:

\$40.00 (regular registration)

\$65.00 (late registration)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

If different from above, please include the following:

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

Section 2:

Please state the following for each business owner:

Name	Home Address	Social Security/ Tax ID#	Phone	Email

*For additional owners, list information for each on a separate page.

Section 3:

Please refer to Form A and Form B attached to this application. Applications missing a completed Form A and Form B will be returned to the applicant as incomplete.

Form A - Tax Clearance Form

The City of Holyoke Code of Ordinances requires the Tax Collector and the Treasurer to certify that all taxes, fees, and assessments are current, prior to issuing any license or permit, and that all tax agreements are being complied with. The City of Holyoke will not approve an application without a completed Form A.

You may obtain required signatures from the Tax Collector and Treasurer by visiting those offices during normal business hours. Alternatively, you may mail Form A and a self-addressed stamped envelope to the Treasures Office. Please do not submit your application package prior to receiving a returned and approved Form A.

Form B - Workers' Compensation Insurance Affidavit

Massachusetts state law requires all employers to provide worker's compensation to their employees. The City of Holyoke will not approve an application without a completed Workers' Compensation Insurance Affidavit demonstrating coverage or an eligible exemption.

Section 4:

Please review the above information to ensure its accuracy prior to signing the below declaration before a notary public.

I, _____, certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Commonwealth of Massachusetts

County of Hampden, ss. Date: _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of applicant), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document and acknowledged to me that he/she signed it voluntarily for its stated purposes.

My commission expires: _____
Expiration Date Signature of Notary Public

Form A – Tax Clearance Form

In accordance with Section 82-3 of the City Ordinance, a Business Certificate may not be issued unless an applicant obtains the signatures of the Tax Collector and Treasurer certifying the applicant is current on all taxes, fees, and assessments.

Please bring this form to City Hall and obtain each signature as required below, or mail the form to the Treasure’s Office with a stamped, self-addressed envelope. Please do not submit a Business Certificate application to the City Clerk’s Office prior to completing Form A.

TAX COLLECTOR AFFIDAVIT:
City Hall, Room 13
413-322-5530

This is to certify that in accordance with Section 82-3 of the Holyoke Code of Ordinances, the person(s) and property(s) named herein have NO uncollected taxes, fines, and fees or other charges owing to the City of Holyoke that would prevent the issuance of permits.

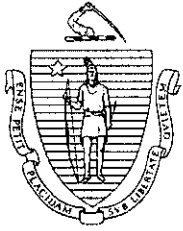
_____ Date _____
 Holyoke Tax Collector or designee

TREASURER’S OFFICE:
City Hall, Room 17
413-322-5560

I state that I have reviewed the following and as of the date of this letter the following is true and accurate.

Current	Outstanding	Type
		Property Tax (including tax title)
		Sewer Fees
		Water Department
		Gas and Electric
		Municipal Fees

_____ Date _____
 Holyoke City Treasurer or designee



Form B - Workers' Compensation Insurance Affidavit

Department of Industrial Accidents

Office of Investigations

1 Congress Street, Suite 100

Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.† |
| 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.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] ‡ | |

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 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 (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

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Contact Person: _____ Phone #: _____

Form C – New Business FAQ

This informational sheet identifies the City Departments and common permits, licenses, and inspections necessary to operate your business in the City of Holyoke. The particular requirements applicable to your business will vary based upon the type of business you are conducting. Contacting each department can help identify the specific requirements your business will be subject to.

Building Department City Hall Annex, Rm. 300 (p) 413-322-5600	<ul style="list-style-type: none">▪ Building, Electric, Plumbing, Gas, Sheet metal, Fire Alarm, and Sprinkler System Permits for new construction or renovations▪ Periodic State Building Code inspections▪ Certificate of Occupancy▪ Identify and enforce zoning regulations▪ Fire Code inspection
Fire Department 600 High Street (p) 413-534-2254	
Board of Health City Hall Annex, Rm. 306 (p) 413-322-5595	<ul style="list-style-type: none">▪ Permits for commercial, food, recreation, and other uses▪ State Sanitary Code inspections
License Board City Hall Annex, Rm. 401 (p) 413-322-5599	<ul style="list-style-type: none">▪ Licenses for alcohol, entertainment, restaurants, lodging, etc.
City Clerk City Hall, Rm. 2 (p) 413-322-5520	<ul style="list-style-type: none">▪ Business Certificates
Planning Department City Hall Annex, Rm. 406 (p) 413-322-5575	<ul style="list-style-type: none">▪ Site Plan Review (5,000+ sq. ft. floor area)▪ Special Zoning/Land Use Permitting (signage, fencing)

For a step-by-step guide to starting a business in the Commonwealth of Massachusetts, you may visit <http://www.mass.gov/portal/business/start-business/new-business-steps.html>. You may also wish to review the resources (<http://www.holyoke.org/business-resources>) and incentives (<http://www.holyoke.org/business-incentives>) available to prospective businesses looking to locate in the City of Holyoke.

If you have additional questions about the process and opportunity to bring your business to the City of Holyoke, please contact Tessa Murphy-Romboletti, Development Specialist with the Office of Planning & Economic Development (413-322-5575; RombolettiT@holyoke.org).

STATEMENT OF ACKNOWLEDGEMENT

I acknowledge receipt of this informational form and understanding that issuance of a business certificate serves to identify the name and ownership of a business, but does not grant a permit or license to operate said business.

Signature: _____

Date: _____