

TOWN OF SPENCER  
Office of Development & Inspectional Services



Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

BUSINESS CERTIFICATE  
APPLICATION

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Type of Business (please give a brief written description, attach additional sheet if necessary): \_\_\_\_\_

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

Business Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Telephone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Complete this section if business is located at a residential address

Does the business occupy more than 300 square feet?  Yes  No

Are there any employees not residing on the premises?  Yes  No

If yes, how many? \_\_\_\_\_

Will there be any signage?  Yes  No

Any additional traffic or parking?  Yes  No

Any outdoor storage of equipment?  Yes  No

Any change in the outside appearance?  Yes  No

ODIS APPROVAL

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner (if different)