



Town of Bridgewater Business (D.B.A) Certificate/ Zoning Approval Form

Applicant Information (please print or type)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Business Information

Business Name: _____

Type of Business: _____

Business Location/ Address: _____

Do you have Company Vehicles: Yes No If Yes, How Many _____

Number of Employees: _____

If this is a home business, complete the following:

- Will there be non-resident employees on premises? Yes No
If so how many? _____
- Will there be patrons coming to the house Yes No
- Will there be outside advertising on premises Yes No

Official Town Use Only

Approved Denied

Zoning Enforcement Official

Date