**Business Name Registration Form**Town of Montville

This form must be completed by any person(s) operating a business within Montville’s boundaries. **The
fee to file this document is $10 and must be filed prior to any business being transacted.** Should the business cease operations, close, or relocate to another municipality, you must contact our office. This form is a public document and shall be available upon request.

**Business Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person for Business:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Website Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Business:** \_\_\_\_ sale of goods/merchandise \_\_\_\_labor/services \_\_\_\_online/website

\_\_\_\_mobile/transient/in-home sales \_\_\_\_consulting/freelance work \_\_\_\_medical/personal care

\_\_\_\_Other, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your business registered with the State?** **YES** or  **NO** When is your opening date?\_\_\_\_\_\_

**Are HAZARDOUS materials used or stored?** **YES** or **NO** explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Any Additional Notes on Business for Public Record:**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **CERTIFICATE OF SOLE PROPRIETOR** Adopting name other than his/her own also otherwise known as a DBA (Title 31A, MRSA SS2)

The below signed hereby certifies that he/she is a resident of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and declares their intent to operate the above-mentioned business, as a **SOLE PROPRIETOR** in the Town of Montville.

 **CERTIFICATE OF PARTNERSHIP (P)** Adopting name other than their own also otherwise known as a DBA (Title 31A, MRSA SS2)

The below signed hereby certifies that their Partnership consists of the following individuals.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Please add any additional Partners on a separate page*

The persons listed above hereby certifies and declares their intent to operate the above-mentioned business, as **PARTNERS/ASSOCIATES** in the **Town of Montville**.

Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CERTIFICATE OF LIMITED PARTNERSHIP (LP)** Adopting name other than their own also otherwise known as a DBA (Title 31A, MRSA SS2)

The below signed hereby certifies that their Limited Partnership General Partners consists of the following individuals.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person(s) listed above hereby certifies and declares their intent to operate the above-mentioned business, as **LIMITED PARTNERS/ASSOCIATES** in the **Town of Montville**.

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated on this day \_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature

 $10 Municipal Fee Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Clerk initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please review Montville’s Site Plan Review Ordinance (SPRO). Your business may require discussion and/or approval by Montville’s Planning Board. If that’s the case, you will be contacted by the Planning Board Chair.**

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| ATTESTATION OF RECORDING***I attest*** *this business has registered their business name, having stated their intent to operate business within the Town of Montville, Maine. Per this signature, this document shall be recorded and kept in the Town Record for public inspection, per Maine state statute.*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipal Clerk Signature |

TOWN OF MONTVILLE WITHDRAWAL/CLOSING RECORD

Informant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: Phone / Email / Mail / In-Person

As a result of this withdrawal, the Informant affirms that the business was:

 Dissolved Sold/Transferred Relocated Other:\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_