



**Town of Rockland**  
**Business Certificate**

NEW \_\_\_\_\_  
RENEWAL \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Location : \_\_\_\_\_

Type of Business (Please give detail) \_\_\_\_\_

Home Office: \_\_\_\_\_ Other: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Conditions: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Animal Control Officer: Inspection Required: Y N Inspection Date: \_\_\_\_\_

Fire Department: Inspection Required: Y N Inspection Date: \_\_\_\_\_

Police Department: Inspection Required: Y N Inspection Date: \_\_\_\_\_

Board of Health: Permit Required Y N Approval Date: \_\_\_\_\_

Inspection Required Y N Inspection Date: \_\_\_\_\_

Town Collector: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Board of Selectmen: Permit Required Y N Approval Date: \_\_\_\_\_

Town Clerk \_\_\_\_\_