



**TOWN CLERK
816 MAIN ROAD WESTPORT, MA
02790**

Business Zoning Approval Application

(Once approved, Applicants must apply for a business certificate through the Town Clerk's Office)

Date: _____

Business Name: _____

Nature of Business: _____

Physical Business Address: _____

Owner Name(s): _____

Owner Address: _____

Telephone Number: _____

Email Address: _____

Will the business generate any vehicular traffic and/or use of commercial vehicles? ☐ Yes ☐ No

If yes, provide specific detail of expected vehicular traffic and/or use of commercial vehicles:

By signing below, I certify all information is true and correct to the best of my knowledge.

Applicant Signature(s):

X _____

X _____

Application Approved in Accordance with Westport Zoning By-Laws Article 9.7, Home Occupation or Home Office Purposes Only. ____ Yes ____ No

Ralph G. Souza
Building Commissioner/Zoning Officer