



# LOWER PROVIDENCE TOWNSHIP

100 Parklane Drive • Eagleville, PA 19403 • [www.lowerprovidence.org](http://www.lowerprovidence.org)

Administration: 610 539-8020 • Fax: 610 539-6347

Police: 610-539-5900 • Fax: 610-630-2219



## APPLICATION FOR AMUSEMENT PERMIT

(Please Print)

This application must be submitted to the Finance Department no later than January 1 for a Permanent Annual Permit or prior to the initiation of any activity for a Temporary Permit. All information must be completed to obtain an Amusement Permit. The permit payment to **Lower Providence Township** must be filed with the application to obtain an Amusement Permit. This application will be returned if payment is not made or if the application is incomplete. An interest rate of 1 ¼% per month will be assessed on delinquent accounts. Refer to Ordinance 114 for details.

Permit Type	<input type="checkbox"/> Annual \$100.00	<input type="checkbox"/> Temporary \$25.00	A separate permit is required for each place of business. A temporary permit is good for no longer than 60 days from the approval date.
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### BUSINESS INFORMATION

Business Name		<input type="checkbox"/> New	<input type="checkbox"/> Renew	Date Commencing Business in Lower Providence Township	
Business Address		Federal ID Number		Phone Number ( )	
P.O. Box	City	State	Zip		
Address at Which Business Will Be Conducted		Emergency Contact Name		Phone Number ( )	
P.O. Box	City	State	Zip		
Applicant Name				Phone Number ( )	
Nature of Business <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Hotel <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Wholesale <input type="checkbox"/> Amusement <input type="checkbox"/> Service <input type="checkbox"/> Medical <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other					
Number of Employees	Days & Hours of Operation				

The above information is true to the best of my knowledge. I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my permit. I also understand that Lower Providence Township may require additional information as permitted by Ordinance 114, and will supply such information upon request.

\_\_\_\_\_  
Applicant Signature and Title

\_\_\_\_\_  
Date

### FOR TOWNSHIP USE ONLY

Payment Method	Date	Amount \$	Permit No.
Property is Zoned			
<input type="checkbox"/> Residential	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3
<input type="checkbox"/> Commercial	<input type="checkbox"/> GC	<input type="checkbox"/> HC	<input type="checkbox"/> VC
<input type="checkbox"/> Industrial	<input type="checkbox"/> LI	<input type="checkbox"/> IP	<input type="checkbox"/> I
<input type="checkbox"/> Institutional			<input type="checkbox"/> R4
			<input type="checkbox"/> MU
			<input type="checkbox"/> R5
			<input type="checkbox"/> PBO

Business Complies with all Lower Providence Township Zoning Ordinances?  Yes  No (List Nonconformance)

\_\_\_\_\_  
Zoning Officer Signature

\_\_\_\_\_  
Date

### COPIES

Applicant & Property File & Finance