



LOWER PROVIDENCE TOWNSHIP

100 Parklane Drive • Eagleville, PA 19403 • www.lowerprovidence.org

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

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



APPLICATION FOR BUSINESS LICENSE

This application and the attached Emergency Contact form must be submitted to the Community Development Department no later than March 1. All information must be completed to obtain a Business License. Payment to **Lower Providence Township** in the amount of **\$100.00** must be filed with the application and the Emergency Contact form to obtain a Business License. These documents will be returned if payment is not made or if the required information is incomplete. An interest rate of 1 ¼% per month will be assessed on delinquent accounts. Refer to Ordinance 537 dated November 17, 2005 for details.

BUSINESS INFORMATION

(Please Print)

Business License Name		<input type="checkbox"/> New	<input type="checkbox"/> Renew	Date Commencing Business in Lower Providence Township	
Doing Business As (DBA)		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Parcel Number	
Address at Which Business Will Be Conducted		Federal ID Number		Phone Number ()	
P.O. Box	City		State	Zip	
Billing Address (if different from mailing)		City		State	Zip
Applicant Name				Phone Number ()	
Type of Business Conducted	<input type="checkbox"/> Retail	<input type="checkbox"/> Restaurant/Hotel	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Medical	<input type="checkbox"/> Government	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Service	<input type="checkbox"/> Home Occupation – Service Only
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 license. I also understand that Lower Providence Township may require additional information as permitted by Ordinance 537, and will supply such information upon request. This license will expire on December 31 and will be renewed annually.					
Applicant Signature and Title				Date	

FOR TOWNSHIP USE ONLY

Payment Method	Date	Amount \$	License No.		
Property is Zoned	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	
	<input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> MHP	<input type="checkbox"/> GC <input type="checkbox"/> HC <input type="checkbox"/> VC <input type="checkbox"/> MU <input type="checkbox"/> PBO <input type="checkbox"/> RPB	<input type="checkbox"/> LI <input type="checkbox"/> IP <input type="checkbox"/> I		
Business Complies with all Zoning Ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No (List Nonconformance)					
Zoning Officer Signature				Date	
COPIES					
Applicant & H.A. Berkheimer & Property File					