



LOWER PROVIDENCE TOWNSHIP
COMMUNITY DEVELOPMENT

Standards to qualify as a no impact home-based business from §143-27:

No-impact home-based businesses. A business or commercial activity administered or conducted as an accessory use which is clearly secondary to the use as a residential dwelling and which involves no customer, client or patient traffic, whether vehicular or pedestrian, pickup, delivery or removal functions to or from the premises, more than those normally associated with residential use. The business or commercial activity must satisfy the following requirements:

(a)

The business activity shall be compatible with the residential use of the property and surrounding residential uses.

(b)

The business shall employ no employees other than family members residing in the dwelling.

(c)

There shall be no display or sale of retail goods and no stockpiling or inventory of a substantial nature.

(d)

There shall be no outside appearance of a business use, including, but not limited to, parking, signs or lights.

(e)

The business activity may not use any equipment or process which creates noise, vibration, glare, fumes, odors or electrical interference, including interference with radio or television reception, which is detectable in the neighborhood.

(f)

The business activity may not generate any solid waste or sewage discharge, in volume or type, which is not normally associated with residential use in the neighborhood.

(g)

The business activity shall be conducted only within the dwelling and may not occupy more than 25% of the habitable floor area.

(h)

The business may not involve any illegal activity.



Community Development Department

100 Parklane Drive • Eagleville, PA 19403
 Phone: (610) 635-3512 • Fax: (610) 539-6347
 www.lowerprovidence.org

APPLICATION: BUSINESS LICENSE

In order to protect the health, safety, and welfare of the local community Lower Providence Township has established a “Business License Fee Ordinance” that established the requirement of application for a Business License and the conduction of annual inspection of all businesses. To advance this objective, it has hereby created a business license fee payable to the Township annually. [Ref: LPT Code, Chapter 95, Sections 95-1 & 95-2]

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Page 6 of 9

ADDRESS INFORMATION

Address where you plan to conduct business:
(including Unit# / Suite, if applicable)

BUSINESS INFORMATION

Business Name (as federally registered Business Name)	Federal ID Number (EIN)
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Doing Business As (DBA) – if doing business under a *different Business Name* from federally registered name

Briefly describe the business

Number of Employees:	Days & Hours of Operation:
	Sun - Thu -
	Mon - Fri -
	Tue - Sat -
	Wed -

FEE & MAILING INFORMATION

An annual Business License fee will be assessed for all Businesses ...
1) which are assigned a Business License #, and
2) which are not designated as Exempt / Non-Profit.

To be recognized as Exempt / Non-Profit, businesses should submit a completed "Business License - Request for Exemption" form with supporting documentation. Form follows in this packet as well as being available at the Administration Office of Lower Providence Township & on our website.

INVOICE MAILING INFORMATION

Send annual reminder & invoice to Business Address listed above

Send annual reminder & invoice to Alternate Address below:

Contact Name:
 Address *(including suite if applicable)*:
 Address 2:
 City:
 State / Zip:

EMERGENCY CONTACTS

The following information is needed to update your Business Emergency Listing. Additional emergency contacts may be listed on the reverse side, if desired. Please notify us if/when the following information changes.

PROPERTY OWNER INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

TENANT / BUSINESS OWNER INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

INDIVIDUALS WHO CAN GIVE EMERGENCY PERSONNEL ACCESS TO THE FACILITY

EMERGENCY CONTACT #1 INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Relation to Business: _____

EMERGENCY CONTACT #2 INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Relation to Business: _____

EMERGENCY CONTACT #3 INFORMATION

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____
Relation to Business: _____

SIGNATURE SECTION

The preceding 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 need renewed annually.

Applicant is: Property Owner Tenant/Business Owner Contractor

Name of Applicant _____

Mailing Address of Applicant _____

City/State/Zip _____

Phone # of Applicant _____

Email of Applicant _____

Signature of Applicant _____

~~~ FOR TOWNSHIP USE ONLY ~~~ ~~~ FOR TOWNSHIP USE ONLY ~~~

Property is Zoned <i>(District, not Use)</i>	<u>Residential</u>		<u>Commercial</u>			<u>Industrial</u>	<u>Institutional</u>
	R1	R2	GC	HC	RPB	LI	
	R3	R4	VC	MU	RPW	IP	
	R5	MHP	PBO			I	

Business Complies with all Zoning Ordinances? Yes No *(List Nonconformance in space below)*

Zoning Officer Signature

Date

FOR OFFICE USE

- Business License Application complete
- Annual Business Fee has been paid or waived
- Referenced Business received Zoning approval or variance to conduct described business in the referenced location
- Referenced Business received BCO approval for Use/Occupancy at the referenced location (including approved physical changes)