

APPLICATION FOR MERCANTILE LICENSE

TOWNSHIP OF SPRINGFIELD, DELAWARE CO., PA
610-544-1300

(A separate application must be filed for each place of business)

Application is hereby made for a MERCANTILE LICENSE for the year **2008**
As required by Ordinance No. 850, dated November 24, 1970

1. Name and address (Springfield) under which business is conducted:

_____ Phone # _____

2. Check whether business is () Incorporated; () Partnership; () Individual

3. Give Name/Names & Addresses of True Owners:

_____ Phone # _____

4. Nature of business (describe fully), including what products you sell:

5. Number of employees at this location: _____

6. Give Mailing Address for sending of all future correspondence and tax forms:

7. A \$50.00 License Fee must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Rd., Springfield, PA 19064.

(Please make check payable to Springfield Township)

Name of Applicant: _____

(By): _____

Date: _____

↓ (PLEASE DETACH YOUR LICENSE BELOW AT THE PERFORATION) ↓

SPRINGFIELD TOWNSHIP – MERCANTILE LICENSE

2008

Account No.

(Valid May 31, 2008 to May 31, 2009)

This license is to be conspicuously displayed upon payment and is valid only for the above named business and is issued in accordance with Ordinance No. 850, adopted November 24, 1970, as amended, by the Township of Springfield, Delaware County, PA.


TOWNSHIP MANAGER