

**CONTRACTOR'S**



**APPLICATION FOR BUSINESS PRIVILEGE LICENSE**  
**TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY PA**

Application is hereby made for BUSINESS PRIVILEGE LICENSE for the year 2008

1. Name, address and phone no. under which business is conducted:

.....  
.....  
.....  
Phone#.....

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

3. Name or names and addresses of true owners:

.....  
.....  
.....Phone #.....

4. Nature of business (describe fully)

.....

5. Give name and address of any other place of business conducted by you in the Township of Springfield:

.....  
.....

6. A fee of \$50.00 must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Road, Springfield, PA 19064.

Please make check payable to Springfield Township

Name of Applicant \_\_\_\_\_

(By) \_\_\_\_\_

Date \_\_\_\_\_