

APPLICATION FOR BUSINESS PRIVILEGE LICENSE

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

Application is hereby made for a **BUSINESS PRIVILEGE LICENSE** for **2018**
As required by Ordinance No. 1024, dated January 8, 1980

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):

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 Road, 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 – BUSINESS PRIVILEGE LICENSE 2018

Account No. _____

(For the year May 31, 2018 to May 31, 2019)

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. 1024, enacted January 8, 1980 by the Township of Springfield, Delaware County, PA; under authority granted by the General Assembly of the Commonwealth of Pennsylvania, approved December 31, 1965, P.L. 1257 as amended.



TOWNSHIP MANAGER