

CONTRACTOR'S



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

Application is hereby made for BUSINESS PRIVILEGE LICENSE for the year 2017

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)

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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_____