

CHELTENHAM TOWNSHIP 8230 OLD YORK RD, ELKINS PARK, PA. 19027 (215) 887-1000
MERCANTILE/ BUSINESS PRIVILEGE LICENSE APPLICATION FORM

TAX YEAR _____

TAX LICENSE NUMBER _____

MAILING NAME AND ADDRESS

NAME & LOCATION OF BUSINESS IN CHELTENHAM

The following information is necessary for our records and will be held in the strictest confidence. ALL QUESTIONS MUST BE ANSWERED FULLY. Return the completed application to **8230 Old York Rd, Elkins Park, PA 19027 with a check payable to Cheltenham Township** for the total of all licenses you require for each year the business has been in operation in the Township. License fee is \$15.00 per year for each license category you use in your business (see "Nature of Business" below for help in determining the licenses you require.)

SEPARATE LICENSE NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: License must be posted conspicuously at all times.

New business must secure license before commencing business.

1. BUSINESS PHONE NO.

2. EMERGENCY PHONE NO.

3. FEDERAL EIN OR SOCIAL SECURITY NO.

4. ARE YOU A RENTOR AT THIS BUSINESS LOCATION?
IF SO, PROVIDE NAME & ADDRESS OF RENTAL LEASING AGENT OR OWNER

5. NAMES OF OWNERS, PARTNERS OFFICERS	ADDRESS	TITLE

6. TYPE OF ORGANIZATION INDIVIDUAL PROPRIETORSHIP PARTNERSHIP
 CORPORATION ASSOCIATION FIDUCIARY

DATE INCORPORATED:

7. NATURE OF BUSINESS (\$15.00 EACH) RETAIL WHOLESALE RENTAL OTHER (EXPLAIN)
 SERVICE CONSTRUCTION RESTAURANT

8. BRIEF DESCRIPTION OF BUSINESS ACTIVITY

9. DATE LOCAL OPERATION BEGAN

11. TYPE OF BUSINESS ESTABLISHED NEW

12. NUMBER OF EMPLOYEES

10. NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS

CERTIFICATION

I HEREBY CERTIFY UNDER PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE HEREON ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

PRINT NAME

DATE

SIGNATURE

TITLE

EMAIL ADDRESS

