

Borough of Washington



APPLICATION FOR A BUSINESS LICENSE

BUSINESS CONTACT INFORMATION

Name:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS TYPE

Business Type:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

NAME OF RECYCLING AND WASTE HAULER(S):

EMERGENCY CONTACT INFORMATION-BUSINESS AND OWNER

Emergency Contact Info Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Property Owner Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Fee Classification: Sq. Footage of interior (if Retail Business):

NEW/RENEWAL

Renewal: _____

(check one)

New: _____

Fee Paid: _____

Date: _____

SIGNATURE(S) OF APPLICANT

Title:
Date:

Title:
Date:

Rec'd By: