

CONTRACTOR'S



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

Application is hereby made for BUSINESS PRIVILEGE LICENSE for the year 2015

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_____