



# Township of Falls

Office of the Fire Marshal/Code Enforcement  
188 Lincoln Highway · Suite 100  
Fairless Hills · Pa · 19030  
(215) 949-9000 ext. 256  
www.fallstwp.com



## BUSINESS LICENSE APPLICATION/REGISTRATION

All Contractors must provide proof of Liability Insurance **attached** to this Application

### Annual Fee \$75.00

**General Instructions:** Complete all applicable questions. Answer all questions. Please print or type all responses. Deficient or illegible applications will be returned.

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Business Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\* Emergency Contact Name \_\_\_\_\_ Number: \_\_\_\_\_

\* Emergency Contact Name \_\_\_\_\_ Number: \_\_\_\_\_

\* Emergency Contact Name \_\_\_\_\_ Number: \_\_\_\_\_

\* Emergency Contact Name \_\_\_\_\_ Number: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Title: \_\_\_\_\_

Note: All Home Daycare applications and/or renewals will need to provide a copy of their current DPW Certificate of Registration and general liability insurance with Falls Township named certificate holder.

Emergency names and phone numbers should be for after business hours (home phone numbers, etc.) in case of emergency.

It is the responsibility of the business owner to notify the Township, in writing, of any changes in the emergency contact person(s) or their phone numbers as soon as possible.

Any Business License Applications submitted that are not completed and returned on the original applications with all required attachments will be returned without being processed.

### FOR OFFICE USE ONLY

License # _____	Comments _____
Amount Paid _____	_____
Receipt Number _____	Date Paid _____