



Township of Falls
 Department of Planning and Zoning
 188 Lincoln Highway, Suite 100
 Fairless Hills, Pa. 19030
 Phone: (215) 949-9000 Fax: (215) 949-9015
www.fallstwp.com



BUSINESS LICENSE APPLICATION/REGISTRATION

All out of town contractors must provide proof of Liability Insurance attached to the 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 Phone Number: _____ Fax # _____

Contact Name: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

Applicant Signature _____ Title: _____

Note: All Daycares 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 as 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 OFFICAL USE ONLY

LICENSE # _____	COMMENTS _____
AMOUNT PAID _____	_____
RECEIPT NUMBER _____	DATE PAID _____