



237 SEVENTH STREET, WEST EASTON, PA 18042-6172 610-252-6651 FAX: 610-252-6993

BUSINESS PRIVILEGE LICENSE APPLICATION

Date _____

Business Privilege License # _____

THE UNDERSIGNED HEREBY APPLIES FOR A BUSINESS PRIVILEGE LICENSE

Name of Business: _____

Name of Business Owner: _____

Address of Business: _____

Business Phone Number: _____

Business Email Address: _____

Type of Business: _____



If doing work for others (ie: contractor) please list address where work is being done:

LIABILITY AND WORKERS' COMPENSATION INSURANCE REQUIRED

YES _____ NO _____

Signature of Applicant

Borough Secretary