



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

Landlord – Business Privilege License Application

Date _____

Cost - \$20.00

License # _____

The Undersigned Hereby Applies for a Landlord-Business Privilege License

Landlord Name: _____

Landlord Address: _____

Landlord Contact Phone Number: _____

Landlord Email Address: _____

Please list all Addresses of Rental Properties in West Easton Borough, followed by Name and Contact Info for Renters in that Rental Property

1. _____

1a. _____

2. _____

2a. _____

3. _____

3a. _____

4. _____

4a. _____

5. _____

5a. _____

Signature of Landlord _____

Borough Secretary _____