BOROUGH OF BROOKHAVEN
REQUEST FOR 2016 BUSINESS PRIVILEGE LICENSE

1.COMPANY/OWNER:	**1-A. MRRS ACCT#:**	**1-B. (EIN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
2. DBA (Doing Business As):		
3. BUSINESS ADDRESS (Number, Street, City, State & Zip Code):		
4. MAILING ADDRESS (If different from above):		
5. BUSINESS PHONE NUMBER (Required):	**5-A. BUSINESS FAX NUMBER:**	**5-B. NAICS/SIC CODE:**
6. EMAIL:		**6-A. BUSINESS/COMPANY CONTACT:**
7. INDIVIDUALS', PARTNERS' OR OFFICERS' NAMES:	**7-A. INDIVIDUALS', PARTNERS' OR OFFICERS' MAILING ADDRESS:**	**7-B. INDIVIDUALS', PARTNERS' OR OFFICERS' SOCIAL SECURITY NUMBER:**
8. TYPE OF ORGANIZATION (Check): ( ) INDIVIDUAL PROPRIETOR ( ) PARTNERSHIP ( ) JOINT VENTURE ( ) ASSOCIATION ( ) FIDUCIARY ( ) CORPORATION DATE INCORPORATED _____ STATE INCORPORATED_____		
9. DESCRIBE NATURE OF BUSINESS:		
10. DATE BOROUGH OF BROOKHKAVEN OPERATIONS BEGAN:		
11. ADDRESS WHERE BUSINESS PRIVILEGE LICENSE SHOULD BE MAILED:		

I certify that all information and statements made herein are true and correct to the best of my knowledge.

_____ _____ _____

(Signature) (Print Name & Title) (Date)

LICENSE REQUEST AND PAYMENT IN THE AMOUNT OF $25 MUST BE RECEIVED BY FEBRUARY 15, 2016.

(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED AN ADDITIONAL $25 PER LICENSE PER YEAR)

MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:

BOROUGH OF BROOKHAVEN
c/o MRRS, LLC
P.O. BOX 1391
MEDIA, PA 19063

Contact Information: Web: www.MRRSLLC.com Email: INFO@MRRSLLC.com Telephone: 610-565-1396 Fax: 610-565-1539

PLEASE RETAIN A COPY FOR YOUR RECORDS