

**TOWNSHIP OF ASTON
REQUEST FOR 2018 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): <input type="checkbox"/> INDIVIDUAL PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> CORPORATION DATE INCORPORATED _____ STATE INCORPORATED _____			
9. DESCRIBE NATURE OF BUSINESS:			
10. DATE TOWNSHIP OF ASTON 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 APRIL 15, 2018.
(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED AN ADDITIONAL \$25 PER LICENSE PER YEAR)

MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:

**TOWNSHIP OF ASTON
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
PLEASE RETAIN A COPY FOR YOUR RECORDS