

# TOWNSHIP OF ASTON REQUEST FOR 2018 STORAGE TRAILER LICENSE

1. COMPANY/OWNER:	1-A. MRRS ACCT #:	1-B. (EIN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:
2. DBA (Doing Business As):		
3. BUSINESS LOCATION ADDRESS (Number, Street, City, State & Zip Code):		
4. BUSINESS 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. CONTACT PERSON:
7. LIST ALL TRAILERS, SEMI-TRAILERS, HOUSE TRAILERS, TRAVEL TRAILERS, ENCLOSED ROLL-OFF TYPE STORAGE CONTAINERS AND/OR STRUCTURES:		
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 STORAGE TRAILER 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 FORM AND PAYMENT MUST BE RECEIVED BY JANUARY 31, 2018.**  
*(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED ADDITIONAL FEES 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](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS