

**BOROUGH OF BROOKHAVEN**  
**REQUEST FOR 2018 BUSINESS PRIVILEGE LICENSE**  
**RENTAL PROPERTY**

<b>1. OWNER/LANDLORD:</b>		<b>1-A. MRRS ACCT#:</b>	<b>1-B. (EIN / SSN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:</b>
<b>2. DBA (Doing Business As):</b>			
<b>3. OWNER/LANDLORD MAILING ADDRESS (Number, Street, City, State &amp; Zip Code):</b>			
<b>4. RENTAL PROPERTY ADDRESS:</b>			
<b>5. PHONE NUMBER (Required):</b>	<b>5-A. FAX NUMBER:</b>	<b>5-B. NAICS/SIC CODE:</b>	
<b>6. EMAIL:</b>		<b>6-A. CONTACT PERSON:</b>	
<b>7. INDIVIDUALS', PARTNERS' OR OFFICERS' NAMES:</b>	<b>7-A. INDIVIDUALS', PARTNERS' OR OFFICERS' MAILING ADDRESS:</b>	<b>7-B. INDIVIDUALS', PARTNERS' OR OFFICERS' SOCIAL SECURITY NUMBER:</b>	
<b>8. TYPE OF ORGANIZATION (Check):</b>			
<input type="checkbox"/> INDIVIDUAL OWNER <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 _____			
<b>9. ADDITIONAL BOROUGH OF BROOKHAVEN PROPERTIES HELD BY OWNER: (Attach additional sheet if necessary)</b>			
<b>10. DATE RENTAL PROPERTY WAS ACQUIRED:</b>			
<b>11. ADDRESS WHERE RENTAL PROPERTY LICENSE SHOULD BE MAILED:</b>			

**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, 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:**

**BOROUGH OF BROOKHAVEN**  
**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