

**TOWNSHIP OF ASTON
REQUEST FOR 2019 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, 2019.
(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 Email: INFO@MRRSLLC.com Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS