

**TOWNSHIP OF DARBY  
REQUEST FOR 2019 BUSINESS PRIVILEGE LICENSE**

<b>1. COMPANY/OWNER:</b>	<b>1-A. MRRS ACCT#:</b>	<b>1-B. (EIN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:</b>
<b>2. DBA (Doing Business As):</b>		
<b>3. BUSINESS ADDRESS (Number, Street, City, State &amp; Zip Code):</b>		
<b>4. MAILING ADDRESS (If different from above):</b>		
<b>5. BUSINESS PHONE NUMBER (Required):</b>	<b>5-A. BUSINESS FAX NUMBER:</b>	<b>5-B. NAICS/SIC CODE:</b>
<b>6. EMAIL:</b>		<b>6-A. BUSINESS/COMPANY CONTACT:</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 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 _____		
<b>9. DESCRIBE NATURE OF BUSINESS:</b>		
<b>10. DATE TOWNSHIP OF DARBY OPERATIONS BEGAN:</b>		
<b>11. ADDRESS WHERE BUSINESS PRIVILEGE 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 JANUARY 31, 2019.**  
(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 DARBY  
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  
2019 FORM BPL