

**BOROUGH OF SHARON HILL
REQUEST FOR 2019 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 BOROUGH OF SHARON HILL 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 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:

**BOROUGH OF SHARON HILL
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
2019 FORM BPL