

**TOWNSHIP OF ASTON
REQUEST FOR 2020 BUSINESS PRIVILEGE LICENSE
RENTAL PROPERTY**

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|--|---|--|---|
| 1. OWNER/LANDLORD: | | 1-A. MRRS ACCT#: | 1-B. (EIN / SSN) FEDERAL EMPLOYER IDENTIFICATION NUMBER: |
| 2. DBA (Doing Business As): | | | |
| 3. OWNER/LANDLORD MAILING ADDRESS (Number, Street, City, State & Zip Code): | | | |
| 4. RENTAL PROPERTY ADDRESS: | | | |
| 5. PHONE NUMBER (Required): | 5-A. FAX NUMBER: | 5-B. NAICS/SIC CODE: | |
| 6. EMAIL: | | 6-A. CONTACT PERSON: | |
| 7. INDIVIDUALS', PARTNERS' OR OFFICERS' NAMES: | 7-A. INDIVIDUALS', PARTNERS' OR OFFICERS' MAILING ADDRESS: | 7-B. INDIVIDUALS', PARTNERS' OR OFFICERS' SOCIAL SECURITY NUMBER: | |
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| 8. TYPE OF ORGANIZATION (Check): | | | |
| <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 _____ | | | |
| 9. ADDITIONAL TOWNSHIP OF ASTON PROPERTIES HELD BY OWNER: (Attach additional sheet if necessary) | | | |
| 10. DATE RENTAL PROPERTY WAS ACQUIRED: | | | |
| 11. ADDRESS WHERE RENTAL PROPERTY 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 APRIL 15, 2020.
(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 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