

**TOWNSHIP OF ASTON
REQUEST FOR 2023 BUSINESS PRIVILEGE LICENSE**

1-A. COMPANY / OWNER:	1-B. MRRS ACCT#:	1-C. COMPANY EIN OR LAST 4 DIGITS OWNER SSN:
2. D.B.A (Doing Business As):		
3. BUSINESS PHYSICAL LOCATION ADDRESS (Number, Street, City, State & Zip Code):		
4. BUSINESS MAILING ADDRESS (If different from above):		
5-A. BUSINESS CONTACT NAME (Required):	5-B. BUSINESS CONTACT E-MAIL:	
6-A. BUSINESS PHONE NUMBER (Required):		6-B. BUSINESS FAX NUMBER:
7-A. INDIVIDUALS', PARTNERS', OR OFFICERS' NAMES:	7-B. INDIVIDUALS', PARTNERS', OR OFFICERS' MAILING ADDRESS:	7-C. INDIVIDUALS', PARTNERS', OR OFFICERS' LAST 4 DIGITS SSN:
		XXX – XX - _____
		XXX – XX - _____
		XXX – XX - _____
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 <input type="checkbox"/> LLC DATE INCORPORATED _____		
9. DESCRIBE NATURE OF BUSINESS:		
10. DATE TOWNSHIP OF ASTON OPERATIONS BEGAN:		
11. ADDRESS WHERE BUSINESS PRIVILEGE LICENSE SHOULD BE MAILED (If different than #4 above):		

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 APPLICATION FORM WITH THE \$25 LICENSE FEE MUST BE POSTMARKED BY APRIL 17, 2023.
(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED AN ADDITIONAL \$25 PER LICENSE PER YEAR)

PLEASE 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