

**TOWNSHIP OF DARBY
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 DARBY 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 AND \$25 LICENSE FEE MUST BE POSTMARKED BY JANUARY 31, 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 DARBY
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

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