TOWNSHIP OF DARBY
REQUEST FOR 2023 BUSINESS PRIVILEGE LICENSE
RENTAL PROPERTY

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. RENTAL PROPERTY PHYSICAL LOCATION ADDRESS (Number, Street, City, State & Zip Code):		
4. COMPANY / OWNER MAILING ADDRESS (If different from above):		
5-A. CONTACT NAME (Required):	**5-B. CONTACT E-MAIL:**	
6-A. COMPANY / OWNER PHONE NUMBER (Required):		**6-B. 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):

( ) INDIVIDUAL PROPRIETOR ( ) PARTNERSHIP ( ) JOINT VENTURE ( ) ASSOCIATION

( ) FIDUCIARY ( ) CORPORATION ( ) LLC DATE INCORPORATED _____

9. ADDITONAL TOWNSHIP OF DARBY RENTAL PROPERTIES HELD BY OWNER (Attach additional sheet if necessary):

10. 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 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

2023_DEL_15_RBPLIC