

TOWNSHIP OF ASTON REQUEST FOR 2024 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 15, 2024.
(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