TOWNSHIP OF ASTON
REQUEST FOR 2024 STORAGE TRAILER LICENSE

1-A. COMPANY/OWNER:	**1-B. MRRS ACCT#:**	**1-C. COMPANY EIN OR LAST 4 DIGITS OWNER SSN:**
2. DBA (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 PHONE NUMBER (Required):**
6-A. BUSINESS CONTACT E-MAIL:		**6-B. BUSINESS FAX NUMBER:**
7. LIST ALL TRAILERS, SEMI-TRAILERS, HOUSE TRAILERS, TRAVEL TRAILERS, ENCLOSED ROLL-OFF TYPE STORAGE CONTAINERS AND/OR STRUCTURES:		
8. TYPE OF ORGANIZATION (Check):		
( ) INDIVIDUAL PROPRIETOR	( ) PARTNERSHIP	( ) JOINT VENTURE ( ) ASSOCIATION
( ) FIDUCIARY	( ) CORPORATION	( ) LLC DATE INCORPORATED _____
9. DESCRIBE NATURE OF BUSINESS:		
10. DATE TOWNSHIP OF ASTON OPERATIONS BEGAN:		
11. ADDRESS WHERE STORAGE TRAILER 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 REQUEST AND PAYMENT MUST BE POSTMARKED BY JANUARY 31, 2024.

(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED ADDITIONAL FEES 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