



UPPER CHICHESTER TOWNSHIP

PO BOX 2187, UPPER CHICHESTER, PA 19061
 PH: 610-485-5719 FAX: 610-485-8643

TOWNSHIP RECEIVED
DATE

BUSINESS REGISTRATION APPLICATION

| BUSINESS INFORMATION | | | |
|--|------------------------|------------------|---|
| BUSINESS NAME | | BUSINESS PHONE # | |
| PHYSICAL ADDRESS: | | | |
| Street | Unit | City | State Zip |
| MAILING ADDRESS | | | |
| Street | Unit | City | State Zip |
| Do you have a Knox Box? <input type="checkbox"/> YES <input type="checkbox"/> NO | Type of Business _____ | | Square Footage of Commercial Business _____ |
| Knox Box Location _____ | # of Employees _____ | | or RESIDENTIAL BASED |
| **Please note: All Commercial Businesses are required to have a Knox box on site** | | | |

WOULD YOU LIKE A DIGITAL COPY OF THE BUSINESS REGISTRATION CERTIFICATE/PERMIT?

YES NO

PLEASE NOTE: A HARD COPY WILL STILL NEED TO BE VISIBLE IN THE BUSINESS

| CONTACT INFORMATION | | | |
|----------------------------|--|--------|----------------|
| BUSINESS OWNER | NAME OF AGENCY/BUSINESS (if applicable): | | PHONE: |
| | NAME: | EMAIL: | |
| | ADDRESS: | | |
| | Street | Unit | City State Zip |
| PROPERTY OWNER | NAME OF AGENCY/BUSINESS | | PHONE |
| | CONTACT NAME | EMAIL | |
| | ADDRESS | | |
| | Street | Unit | City State Zip |
| EMERGENCY CONTACT 1 | NAME | PHONE | EMAIL |
| EMERGENCY CONTACT 2 | NAME | PHONE | EMAIL |

The information you have provided on this application is a "public record" as defined by the Right – to – Know Law of the Commonwealth of Pennsylvania, 65 P.S §§ 67.101 – 67.3104. As such, upon proper request of Upper Chichester Township by a third party, this public record shall be accessible for inspection and duplication.

I HEREBY CERTIFY THAT THIS BUSINESS REGISTRATION PERMIT IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION.

APPLICANT SIGNATURE:

DATE:

| FEE SCHEDULE | | | TOWNSHIP USE: |
|--------------------------|-----------------------------|----------------------|--------------------|
| AREA OF BUSINESS (SQ FT) | IF PAID ON OR BEFORE JAN 15 | IF PAID AFTER JAN 15 | |
| Residential Business | \$154.50 | \$179.50 | CHECK # _____ CASH |
| 1,500 or less | \$154.50 | \$179.50 | AMOUNT \$ _____ |
| 1,500 to 2,500 | \$179.50 | \$204.50 | PERMIT # _____ |
| 2,501 to 5,000 | \$204.50 | \$229.50 | INVOICE # _____ |
| 5,001 to 7,500 | \$254.50 | \$279.50 | |
| 7,501 to 10,000 | \$304.50 | \$329.50 | |
| 10,001 to 15,000 | \$354.50 | \$379.50 | |
| 15,001 & Greater | \$504.50 | \$529.50 | |