

Business License Fee \$10.00	TOWNSHIP OF ABINGTON OFFICE OF THE TREASURER 1176 Old York Road Abington, PA 19001	Telephone: 267-536-1024 Fax: 215-572-3935 www.abington.org
---	---	---

The following information is necessary for our records and will be held in the strictest confidence.

ALL QUESTIONS MUST BE ANSWERED FULLY

Name and Address		Federal Account No. or Social Security No.																								
Owner's Name		<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;">Abington Account No.</td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> </tr> <tr> <td colspan="6" style="text-align: center;">Remarks</td> </tr> <tr> <td colspan="6" style="height: 100px;"> </td> </tr> </table>	Abington Account No.												Remarks											
Abington Account No.																										
Remarks																										
Trade Name																										
Business Address (Street)																										
City, Boro, Township	State	Zip Code																								
Mailing Address (Street) If Other Than Above																										
City, Boro, Township	State	Zip Code																								
Business Phone	Residence Phone No.																									
Cell Phone	Email	Fax																								

Partners or Officers' Names	Home Address	Social Security No.

Organization

Type of Organization (check)

<input type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Fiduciary
<input type="checkbox"/> Corporation	Date Incorporated _____	State Incorporated _____	
<input type="checkbox"/> "S" Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	

Date Operation Began in Abington _____

Describe Fully Nature of Business _____

Name and Address of Trash Removal Company _____

Name and Phone of Landlord or Tenants _____

Indicate Type of Business

<input type="checkbox"/> Retail Mercantile	<input type="checkbox"/> Wholesale Mercantile	<input type="checkbox"/> Service (Business Privilege)	<input type="checkbox"/> Rental	<input type="checkbox"/> Other (describe)
--	---	---	---------------------------------	---

Accounting - Payroll

Number of Employees	Accounting Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	Accounting Period <input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal Year Ending
Name of Person or Firm Keeping Books	Address	Telephone

I certify that all information and statements herein are true and correct.

Date	Signature	Print Name	Title
------	-----------	------------	-------