

<b>Business License Fee \$10.00</b>	<b>TOWNSHIP OF ABINGTON OFFICE OF THE TREASURER 1176 Old York Road Abington, PA 19001</b>	<b>Telephone: 267-536-1000 Fax: 215-572-3935 www.abington.org</b>
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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								
Trade Name								
Business Address (Street)			Abington Account No.					
City, Boro, Township	State	Zip Code						
Mailing Address (Street) If Other Than Above			<b>Remarks</b>					
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

Retail Mercantile     Wholesale Mercantile     Service (Business Privilege)     Rental     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
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