ABINGTON TOWNSHIP

FIRE AND EMERGENCY MANAGEMENT SERVICES
CODE ENFORCEMENT DIVISION

ALTERNATIVE THERAPY ESTABLISHMENT - EMPLOYEE LIST

ESTABLISHMENT INFORMATION

Number & Street Name _____ City _____ Zip Code _____ Unit No. _____

Name of Establishment (Doing Business As) _____ Legal Name of Business (If different that Name of Establishment) _____

FULL NAME	ABINGTON TOWNSHIP ALTERNATIVE THERAPY TECHNICIAN LICENSE NUMBER

Additional copies may be included should you need additional space to list all employees