



Township of Falls
Department of Planning and Zoning
188 Lincoln Highway, Suite 100
Fairless Hills, PA 19030

Phone: (215)949-9000 ext. 262 Fax: (215)949-9015

www.fallstwp.com



BUSINESS LICENSE APPLICATION/REGISTRATION

All out of town contractors must provide proof of Liability Insurance attached to the Application

Annual Fee \$75.00

General Instructions: Complete applicable questions. Answer all Questions. Please print or type all response.
 Deficient or illegible applications will be returned.

Date _____

Name of Business _____

Address: _____

Business Phone Number: _____ # of Employees _____

Contact Name: _____ Email Address: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

Applicant Signature _____ Title: _____

Note: All Home Daycare applications and/or renewals will need to provide a copy of their current DPW Certificate of Registration and general liability insurance with Falls Township named as Certificate holder.

Emergency names and phone numbers should be for the after business hours (home phone numbers, etc.) in case of emergency.

It's the responsibility of the business owner to notify the Township, in writing, of any changes in emergency contact person(s) or their phone numbers as soon as possible.

Any Business License Applications submitted that are not completed and returned on the original applications with all required attachments will be returned without being processed.

FOR OFFICIAL USE ONLY

LICENSE # _____

COMMENTS _____

AMOUNT PAID _____

RECEIPT NUMBER _____

DATE PAID _____