



*Township of Falls*  
*Department of Planning and Zoning*  
*450 Lincoln Highway, Suite*  
*Fairless Hills, PA 19030*

Phone: (215)949-9111 or 215-949-9013

[www.fallstwp.com](http://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 is 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 \_\_\_\_\_