Township of Falls
188 Lincoln Highway
Fairless Hills, Pennsylvania 19030
(215) 949-9000

Permit Year: 2027

Fire Permit Renewal and Business License Application

Deficient or illegible applications will be returned. An email address must be provided

Business Name:		Application Date:
Falls Township Business Address:		
Business Phone:	Business Email Address:	
Business Owner/Office Manager Name:		
Phone:	Cell:	Email Address:

Corporate Name & Address:	
Corporate Phone:	**Corporate Email Address:**

SQ. FT. OF BUILDING/OFFICE: _____ **# OF EMPLOYEES :** _____

Emergency Contact Information

#1	Phone:
#2	Phone:
#3	Phone:

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

Property Information

Property Owners Name:		
Address:		
Phone:	Cell:	Email Address:

For Department Use Only

Date:	Receipt Number: Bus License #:	Fire Fee: Bus License Fee:	Late: YES NO

Township of Falls
Director of Code Enforcement
188 Lincoln Highway · Suite 100
Fairless Hills · Pennsylvania · 19030
(215) 949-9000 · Fax: (215) 949-9015

ANNUAL JUNKYARD AND JUNK DEALERS LICENSE APPLICATION

Business Name:		Application Date:
Address:		**SQUARE FOOTAGE:**
Business Phone:	Fax:	Cell:
Business Owners Name:		
Home Address:		
Phone:	Cell:	Pager:

Managers Name:		
Home Address:		
Phone:	Cell:	Pager:

EMERGENCY CONTACT INFORMATION

#1	Phone:
#2	Phone:
#3	Phone:

PROPERTY INFORMATION

Property Owners Name:		
Address:		
TMP#	PARCEL SIZE _____ ACRES	JUNKYARD SIZE _____ ACRES

PA. DEPARTMENT OF TRANSPORTATION AND DISCLOSURE INFORMATION REQUIREMENTS

Current Salvor/Vehicle Salvage Dealer Certificate Number_____ Copy of Certificate Enclosed	Enclosed with application: Site plan indicating complete location of junkyard. All Structures including office and storage trailers.

Have received and reviewed Falls Township Ordinance Chapter 141 Titled Junkyards and Junk Dealers and am familiar with all restrictions and requirements contained within.	Have enclosed the required fee of $200.00 for the processing of the required license. **RECEIPT #_____ DATE_____**

Business Owners Signature_____	Date_____
Property Owners Signature_____	Date_____

Township of Falls

Finance Department
188 Lincoln Highway
Fairless Hills, PA 19030

LOCAL SERVICES TAX

To: All In-Town Businesses
From: Falls Township Finance Department
Subject: 2027 Local Services Tax is **$52.00**
Date: November 1, 2026

REMINDER: Effective January 1, 2018, the Local Services Tax (LST) increased to $52.00.

- A deduction of $52.00 (Fifty-Two Dollars) is to be assessed on *a pro rata basis* during the calendar year from the salary of employees and business owners. This pro rata deduction will be submitted to the Township *quarterly* on Form LST-1.

- **Quarterly**, please send a **printout** with your payment and Form LST-1 (Enclosed) consisting of the following items: the employee's name, last four numbers of their social security number and the dollar amount withheld from each employee.

- There is a low-income exemption for part-time employees earning a maximum of $12,000 during the calendar year (Exemption Certificate available on website). Once a part-time employee reaches $12,000, the employer is to start the withholding by deducting a lump sum equal to what full-time employees have had withheld up to that point in the year. The employer will then continue with pro rata withholdings for the remaining pay periods of the calendar year. Please review additional exemptions on our website.

The following entities need to comply with the Local Services Tax:

- Established businesses or those who will be engaging in business within Falls Township in 2027.

- **Section 198-44 of the Ordinance states each employee/partner/manager/owner or single proprietor is subject to pay the LST tax.**

If parent company's name is different than the local business name, please **include both names** on the Form LST-1 to assure proper crediting to your account.

If you require further information or additional forms, please visit our website at www.fallstwp.com. For additional instructions or questions, please contact us at 215-949-9101.

LST-1

TOWNSHIP OF FALLS
188 Lincoln Hwy.
Fairless Hills, Pennsylvania 19030

LOCAL SERVICES TAX
FORM LST-1 EMPLOYER'S RETURN
2027
(215) 949-9000 • www.fallstwp.com

MAKE CHECK PAYABLE TO TOWNSHIP OF FALLS

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AUTHORIZED SIGNATURE_____

PHONE #_____

DATE_____ TITLE_____

For proper credit (As Listed in the Township)

EMPLOYERS NAME AND ADDRESS

REMINDER – BE SURE YOUR RETURN IS SIGNED AND PAYMENT IS ENCLOSED.
WHITE – TOWNSHIP CANARY – EMPLOYER

FAILURE TO FILE A RETURN ON EACH DUE DATE MAY RESULT IN LEGAL ACTION.

SEE INSTRUCTIONS ON REVERSE.

1. TOTAL NUMBER OF EMPLOYEES HEREWITH. (INCLUDE OWNERS AND MANAGERS)	
2. GROSS AMOUNT OF TAX FROM EMPLOYEE LISTING	
3. EMPLOYER'S COLLECTION FEE (LINE 2 X .02) IF PAID BY DUE DATE	
4. NET AMOUNT DUE ENCLOSED (LINE 2 MINUS LINE 3)	
5. PENALTY (10%) AFTER **4/30/27**	
6. INTEREST 1/2 OF 1% PER MONTH	
7. TOTAL INCLUDING ANY PENALTY & INTEREST	$

For Persons Employed
From Jan. 1 to March 31
Please pay by April 30, 2027

EFFECTIVE 1/1/2018 THE LST IS $52/YEAR

LST-1

TOWNSHIP OF FALLS
188 Lincoln Hwy.
Fairless Hills, Pennsylvania 19030

LOCAL SERVICES TAX
FORM LST-1 EMPLOYER'S RETURN
2027
(215) 949-9000 • www.fallstwp.com

MAKE CHECK PAYABLE TO TOWNSHIP OF FALLS

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AUTHORIZED SIGNATURE_____

PHONE #_____

DATE_____ TITLE_____

For proper credit (As Listed in the Township)

EMPLOYERS NAME AND ADDRESS

REMINDER – BE SURE YOUR RETURN IS SIGNED AND PAYMENT IS ENCLOSED.
WHITE – TOWNSHIP CANARY – EMPLOYER

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3. EMPLOYER'S COLLECTION FEE (LINE 2 X .02) IF PAID BY DUE DATE	
4. NET AMOUNT DUE ENCLOSED (LINE 2 MINUS LINE 3)	
5. PENALTY (10%) AFTER **7/31/27**	
6. INTEREST 1/2 OF 1% PER MONTH	
7. TOTAL INCLUDING ANY PENALTY & INTEREST	$

For Persons Employed
From April 1 to June 30
Please pay by July 31, 2027

EFFECTIVE 1/1/2018 THE LST IS $52/YEAR

LST-1

TOWNSHIP OF FALLS
188 Lincoln Hwy.
Fairless Hills, Pennsylvania 19030

LOCAL SERVICES TAX
FORM LST-1 EMPLOYER'S RETURN
2027
(215) 949-9000 • www.fallstwp.com

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AUTHORIZED SIGNATURE_____

PHONE #_____

DATE_____ TITLE_____

For proper credit (As Listed in the Township)

EMPLOYERS NAME AND ADDRESS

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3. EMPLOYER'S COLLECTION FEE (LINE 2 X .02) IF PAID BY DUE DATE	
4. NET AMOUNT DUE ENCLOSED (LINE 2 MINUS LINE 3)	
5. PENALTY (10%) AFTER **10/31/27**	
6. INTEREST 1/2 OF 1% PER MONTH	
7. TOTAL INCLUDING ANY PENALTY & INTEREST	$

For Persons Employed
From July 1 to Sept. 30
Please pay by Oct. 31, 2027

EFFECTIVE 1/1/2018 THE LST IS $52/YEAR

LST-1

TOWNSHIP OF FALLS
188 Lincoln Hwy.
Fairless Hills, Pennsylvania 19030

LOCAL SERVICES TAX
FORM LST-1 EMPLOYER'S RETURN
2027
(215) 949-9000 • www.fallstwp.com

MAKE CHECK PAYABLE TO TOWNSHIP OF FALLS

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AUTHORIZED SIGNATURE_____

PHONE #_____

DATE_____ TITLE_____

For proper credit (As Listed in the Township)

EMPLOYERS NAME AND ADDRESS

REMINDER – BE SURE YOUR RETURN IS SIGNED AND PAYMENT IS ENCLOSED.
WHITE – TOWNSHIP CANARY – EMPLOYER

FAILURE TO FILE A RETURN ON EACH DUE DATE MAY RESULT IN LEGAL ACTION.

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3. EMPLOYER'S COLLECTION FEE (LINE 2 X .02) IF PAID BY DUE DATE	
4. NET AMOUNT DUE ENCLOSED (LINE 2 MINUS LINE 3)	
5. PENALTY (10%) AFTER **1/31/28**	
6. INTEREST 1/2 OF 1% PER MONTH	
7. TOTAL INCLUDING ANY PENALTY & INTEREST	$

For Persons Employed
From Oct. 1 to Dec. 31
Please pay by Jan. 31, 2028

EFFECTIVE 1/1/2018 THE LST IS $52/YEAR

INSTRUCTIONS TO EMPLOYER

1. Provide a list on Company letterhead, which consists of Employee Name, Social Security Number, and dollar amount withheld. Sign the LST-1 form and return with payment and copy of employee listing to Township of Falls, 188 Lincoln Highway, Fairless Hills, PA 19030.
2. Pro-rated LST levy withheld per full-time employee should equal $13.00 per quarter for a total of $52.00 per person per calendar year.
3. In the event a new full-time employee is hired during the quarter, the $52.00 LST levy should be pro-rated by the number of remaining pay cycles through December 31.
4. In the event a part time employee reaches the $12,000 threshold, the employer is to withhold a lump sum equal to what full time employees have had withheld up to that point in the year and then continue with pay period withholdings for the rest of the year.
5. In the event an employee is terminated during the quarter, please remit the current amount collected through the termination date.
6. Forms must be filed on or before due date as shown on the face of the form.
7. No collection fee will be allowed on returns filed after the due date shown.
8. Provide Exemption Certificate for employees earning less than $12,000 during the calendar year. Attach Certificates along with the LST-1 Forms, Employee Listing of taxes withheld, and payment.

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Township of Falls

Finance Department
188 Lincoln Hwy
Fairless Hills, PA 19030

To: All Businesses in Falls Township

Subject: Mechanical Device Tax

Date: November 1, 2026

Mechanical Devices are considered any type of vending, juke box, news box and/or amusement which is located on the premises of the business located within Falls Township. This does NOT include Lottery Machines.

Under Section 198-29 of the Ordinance No. 81-6, the **2027 Mechanical Device Tax** is due to Falls Township by **December 31, 2026.** Please complete the Mechanical Device Form and remit with payment to Falls Township.

If you require additional forms, please visit our website at https://www.fallstwp.com/departments/finance/documents-forms/. If you require further information regarding the Mechanical Device Tax ordinance, please view the ordinance on our website, www.fallstwp.com and select 'Online Codes' or contact Finance at 215-949-9101.

If any tax levied in pursuance of this Ordinance is not paid by the respective due dates, a **penalty** will be assessed to all required taxes due.

If you have a separate vendor that handles the machines on your premises, please forward this form to them to send payment. Your business in Falls Township will be held liable for any unpaid fees whether handled by an outside vendor or not.

MECHANICAL DEVICE TAX FORM

FEE DUE: December 31st

FALLS TOWNSHIP
188 LINCOLN HIGHWAY, STE 100
FAIRLESS HILLS, PA 19030
215-949-9000

APPLICATION AND INFORMATION SHEET

Company (Location of machine)

Name _____

Address _____

_____

Phone # _____

Vendor (If applicable)

Name _____

Address _____

_____

Phone # _____

If you have any questions or need additional forms,
go to www.FallsTwp.com or call 215-949-9000 ext. 234.

	DESCRIPTION OF DEVICE	QUANTITY	SERIAL #/ MANUFACTURER	TAX DUE PER UNIT	RECEIPT #	*OFFICE USE ONLY* STICKER #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Revised 09.24.21

$ _____ / _____ / _____
TOTAL PAID DATE PAID

If no device taxed under this ordinance is existing on your premises or under your control at another location in Falls Township, please note on this form.
Then, sign this form and return it to Falls Township.

MECHANICAL DEVICE TAX

Amusement.....	$120 per unit
Juke Box.....	$110 per unit
Vending.....	$22 per unit
News box.....	$15 per unit

I, the undersigned, do hereby certify, that all the above information is true and complete.

_____
TAXPAYER SIGNATURE

_____
DATE

_____
TOWNSHIP CODE INSPECTOR

_____
DATE