



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:	Fire Fee:	Late:
	Bus License #:	Bus License Fee:	YES NO

TOWNSHIP OF FALLS
APPLICATION TO OPERATE A MANUFACTURED
HOME COMMUNITY

APPLICANT: _____

ADDRESS: _____

PHONE: _____

NAME OF SITE: _____

TAX PARCEL: _____

NO. OF MANUFACTURED HOME SITES: _____

TOTAL FEE (\$10 PER SITE): _____

OPERATOR (MANAGER, AGENT): _____

OPERATOR'S ADDRESS: _____

WATER SUPPLY (CIRCLE ONE) PRIVATE PUBLIC
IF PRIVATE, IS AUXILIARY TREATMENT USED: YES NO

TRASH COLLECTION

FREQUENCY (DAY OR NO. OF DAYS): _____

COMPANY COLLECTING: _____

ADDRESS: _____

DATE _____ SIGNATURE _____

ALL CHECKS OR MONEY ORDERS TO BE MADE TO TOWNSHIP OF FALLS
AND PAID THROUGH THE FALLS TOWNSHIP BUILDING, 188 LINCOLN
HIGHWAY, FAIRLESS HILLS, PA 19030.

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 (LINE 2 MINUS 4. NET AMOUNT DUE ENCLOSED 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

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 (LINE 2 MINUS 4. NET AMOUNT DUE ENCLOSED 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

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 (LINE 2 MINUS 4. NET AMOUNT DUE ENCLOSED 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.

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 (LINE 2 MINUS 4. NET AMOUNT DUE ENCLOSED 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.

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.

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.

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.