



# ALLEGHENY TOWNSHIP SUPERVISORS

3131 Colonial Drive  
Duncansville, PA 16635  
(814) 695-9563

Shelley A Berry, Treasurer  
treasurer@alleghenytownship.us

## New Business License Application

### BUSINESS INFORMATION:

FEIN Number: \_\_\_\_\_

Business Name (legal): \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Location: \_\_\_\_\_  
Street City, State, Zip

Commercial location in Allegheny Township       \*Residence

Mailing Address: \_\_\_\_\_  
Street City, State, Zip

Business Structure:  Sole Proprietor       Corporation       Limited Liability Co  
 Partnership       Trust       Limited Liability Partnership

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS OWNER(S) INFORMATION:

1. Owner, Manager or Officer \_\_\_\_\_

Title or Position \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City, State, Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

2. Owner, Manager or Officer \_\_\_\_\_

Title or Position \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City, State, Zip

Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Answer each of the following questions-**

How many employees does the business have? \_\_\_\_\_

Does the business sell liquor? *Attach copy of license*  Yes  No

Does the business use or store hazardous or flammable material?  Yes  No

If yes please Explain \_\_\_\_\_

\_\_\_\_\_

Does your building have a burglar/fire alarm?  Yes  No

Alarm Permit is required- No FEE

Are there multiple businesses carried on in the same location?  Yes  No

Are you open to the Public?  Yes  No

How many park spaces are located at the business? \_\_\_\_\_

**BUSINESS ACTIVITY:** *(Please note product or services rendered)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below certifies that the information provided on this application and any attachments is true and accurate.

I understand my place of business must comply with all Allegheny Township codes and ordinances. I also understand

that if my business closes or moves from the Township, it is my responsibility to notify the Township upon either.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICIAL USE ONLY**

Business -\$50.00

Date received: \_\_\_\_\_ Dollar Amount Paid: \_\_\_\_\_

Paid via \_\_\_\_\_ CHECK (Check No. \_\_\_\_\_) **OR** \_\_\_\_\_ CASH