

# ALLEGHENY TOWNSHIP SUPERVISORS

3131 Colonial Drive, Duncansville, PA 16635  
Phone No. (814) 695-9563 / email address: treasurer@alleghentownship.us  
Shelley A Berry, Treasurer

## Business License Renewal Application

Dear Business Owner:

In accordance with our Business License Ordinance (Ordinance No. 235-05-12-2011) all business owners must renew their business license each and every year they are in business, for each business and each business location within the Township. We are providing you with your annual renewal application for this year. A copy of the ordinance is available at our website at the following location [http://www.alleghentownship.us/images/pdf/business\\_license\\_ordinance.pdf](http://www.alleghentownship.us/images/pdf/business_license_ordinance.pdf)

Please verify the business information provided to our office last year. Update or correct any incorrect information. Fill in any line item that has been left blank. Once all the information is correct, please sign and date the application and return it along with the applicable license fee.

\$50.00 If postmarked on or before July 1<sup>st</sup>, Every year or \$60.00 If postmarked on or after July 2<sup>nd</sup>, Every Year

Please make checks Payable to: Allegheny Township Supervisors

Upon receipt of your **renewal application** and **payment**, your license will be issued in the D/B/A name, unless requested differently, and sent to the mailing address you provide. If you have any questions, please feel free to contact me at the above listed number or email address. **(You must return this application with your payment, please do not cut the form in half)**

(\* Required Information)

BUSINESS INFORMATION: (Please print Clearly)

\*FEIN: \_\_\_\_\_

\*Business Name: \_\_\_\_\_

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

(The License will be issued in this name unless you request differently)

\*Business Location: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Business Phone: \_\_\_\_\_

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

\*Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this document, you are stating you have verified all the above information is true and correct to the best of your knowledge and you have made any changes necessary in order to provide us with the most current information regarding the listed business.

**\*\* If you are no longer in business or the business has moved from the Township**, please indicate below by checking which applies and return this form. We will then remove you from any future mailings.

\_\_\_\_\_ No longer in business.

\_\_\_\_\_ Business is no longer located in Allegheny Township.

(OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE)

RENEWAL FORM & PAYMENT RECEIVED ON: \_\_\_\_\_

PAID BY: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK - CHECK # \_\_\_\_\_

LICENSE ISSUED AND MAILED OUT: DATE \_\_\_\_\_