

Upper Nazareth Township
100 NEWPORT AVE, NAZARETH, PA 18064-1153
Phone: 610-759-5341 Fax: 610-759-4430
Web site: www.uppernazarethtownship.org

BUSINESS REGISTRATION CERTIFICATE APPLICATION

The Upper Nazareth Township, Ordinance #168, requires that all persons or entities doing business in Upper Nazareth Township file with the Township, an application for a Business Registration Certificate along with payment in the amount of fifty dollars (\$50.00) for each Business Registration Certificate. A fee of fifty dollars (\$50.00) is required for each renewal thereafter. Upon review of applications a Business Registration Certificate will be issued. Where a business is conducted in more than one location, a separate Business Registration Certificate Application is required, and a subsequent Business Registration Certificate shall be issued. Business Registration Certificate Applications are due no later than June 30th of each year (**Late fees will apply to all applications received after the June 30th deadline**). THE BUSINESS REGISTRATION CERTIFICATE SHALL BE CONSPICUOUSLY POSTED IN THE PLACE OF BUSINESS for the year in which issued.

PLEASE PRINT INFORMATION BELOW

Business Name: _____ Employer EIN # _____

Business (or Rental) Address _____ Business Phone No.: _____

_____ Business Fax No.: _____

City: _____ State: _____ Zip: _____ Business Email: _____ @ _____

Business Contact Name: _____ Business Contact No.: _____

Type of Business Conducted: _____

Type of business: Retail Wholesale Manufacturing Service Other _____ (explain)

Date Opened _____ # of Employees _____

Trade Name (if different from above) _____ Business Hours _____

Location of Business being Conducted: _____

Owner Name: _____ Owner Phone No.: _____

Owner Address: _____ Owner Fax No.: _____

_____ Owner Email: _____ @ _____

City: _____ State: _____ Zip: _____

Address to Mail all Correspondence: _____

City: _____ State: _____ Zip: _____

Please check one: Proprietorship Partnership Corporation Other (explain) _____

I hereby certify that this application is made in good faith, and to the best of my knowledge, all the information herein is true and complete.

Signature _____ Date _____

Title _____

PLEASE NOTIFY UPPER NAZARETH TOWNSHIP IF THERE ARE ANY CHANGES TO THE STATUS OF THE BUSINESS OR IF THE BUSINESS CEASES OPERATION IN THE TOWNSHIP.

PAYMENT – THIS REGISTRATION FEE IS DUE AND PAYABLE AT THE TIME OF THE APPLICATION SUBMISSION AND BEFORE JUNE 30TH OF EACH YEAR (LATE FEES WILL APPLY).

PLEASE RETURN THIS FORM AND THE ATTACHMENT TO UPPER NAZARETH TOWNSHIP

Information for Emergency Management Coordinator and Upper Nazareth Township Fire Department

The following information is vital during an emergency.

Please print or type form.

Name, address and phone number of business

Hours of Operation: _____

Emergency contacts (3 if possible) with phone numbers

- | | |
|----------|---------------|
| 1. _____ | Phone # _____ |
| 2. _____ | Phone # _____ |
| 3. _____ | Phone # _____ |

Special points of interest at the business location (i.e., location of doors, barriers, etc.)

Is the building equipped with Fire Extinguishers? _____ Yes _____ No

Is the building equipped with a Fire Alarm/Sprinkler System? _____ Yes _____ No

Please list any hazardous materials located at the property:

Please attach a listing of your Material Data Safety Sheets (MSDS) to this form.

Does the Business have a Knox Box? _____ Yes _____ No

ALL INFORMATION OBTAINED WILL BE CONSIDERED CONFIDENTIAL AND WILL BE KEPT ON FILE AT THE UPPER NAZARETH TOWNSHIP EMERGENCY MANAGEMENT OFFICE AND AT THE UPPER NAZARETH TOWNSHIP FIRE DEPARTMENT.