

Towamencin Township

Home Business Registration Form

Name of Business: _____

Business Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Type/Description of Business: _____

Number of Employees: _____ Do employees reside at property: _____

Hours of Operation: _____ Number of Vehicles: _____

Size of Vehicles: _____

Will there be any physical advertising on the property for this business: _____

Square Footage of property dedicated to the business (submit floor plan to show space of the business): _____

Will articles be offered for sale on the property: _____

Will business with clients be conducted on the property: _____

Will there be exterior storage of materials or parking of commercial vehicles: _____

Will the exterior appearance of the residence be altered: _____

Will the residence be serviced by large commercial vehicles: _____

Signature: _____ Date: _____ Fee: _____