BOROUGH OF SHARON HILL

DELAWARE COUNTY PENNSYLVANIA

250 Sharon Avenue Sharon Hill, PA 19079



Phone: 610-586-8200 Fax: 610-586-3991

Borough of Sharon Hill Annual Commercial License Application

Business Information			
Legal Business Name:			
Trade Name / DBA (if applicable):			_
Business Address (Physical Location in Borough):			
Street:			
City: State: _		Zip Code:	
Mailing Address (if different):			
Business Phone Number:	Email Address:		
Ownership Information			
Owner / Operator Name:		_	
Owner Mailing Address:			
Owner Phone Number:	Owner Email:		
Business Details			
Type of Business (describe nature of operations):			
Federal EIN or SSN:			
Number of Employees at this Location:			
Is this business:			
☐ New ☐ Renewal ☐ Change of Ownership	☐ Change of Use		

Use & Occupancy Information	
☐ I currently hold a valid Use & Occupancy (U&O) Pe	ermit
☐ I am applying for a new Use & Occupancy (U&O) I	
☐ U&O Permit Number (if known):	
and the multiple (ii known).	
Hours of Operation:	
Certifications & Compliance	
By signing below, I certify that:	
The information provided is true and correct	t to the best of my knowledge
 I understand that annual inspections may be and/or Fire Marshal 	e conducted by the Borough Code Enforcement Officer
 I agree to comply with all applicable Boroug 	h codes, ordinances, and regulations
 I understand that this license is valid for one 	e (1) year from the date of issuance and must be renewed
annually	
 I understand that the Commercial License m 	nust be displayed in a conspicuous location on the premises
Signature	
Applicant Signature:	
Date:	
For Bor	ough Use Only
☐ Application Complete	☐ U&O Permit Verified
☐ Inspection Required	☐ Inspection Completed
☐ License Approved	☐ License Denied
License Number:	
Fee Paid: \$	Receipt #:
Issued By:	Date: