

Canton Township Business License Application

655 Grove Avenue

Washington, PA 15301

Phone 724-225-8990 Fax 724-225-1850

cantontwp@yahoo.com

Name of Business: _____

Address of Business: _____

Type of Business: _____

New or existing business: _____

Start date at current location ____/____/____

Permanent or Temporary Business: _____

If Temporary, Duration of Business: From: _____ To: _____

Hours of Operation: _____

Goods or Services to be rendered: _____

Materials that will be stored or used at this location: _____

Attach Additional Pages if necessary

Any Hazardous Materials: _____ YES _____ NO; if yes, list on separate sheet type and quantity of materials with MSDS sheets and attach copies of all applicable permits from local, state and federal agencies.

Owner of business: _____

Address of owner: _____

Email address: _____

Phone: (_____) - _____ - _____

Emergency Contact Person: _____

Mailing address: _____

Phone Number: (_____) - _____ - _____

Email address: _____

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Do you lease/rent or own the property where business is located: _____

If leasing or renting please indicate property owner

Name: _____

Address: _____

Phone: _____

Email: _____

If preexisting business, how long at current location? _____

How many full time workers will be employed at this location? _____

How many part time workers will be employed at this location? _____

Any Seasonal or migrant workers at this location _____ YES _____ NO

Scope of work to be performed: _____

Business licenses are issued for the period of January 1st to Dec 31st. Permits must be renewed yearly. Permit Fee is \$25.00 initially and annually. Business is responsible for past fees not paid

Applicant Name

_____ YES _____ NO
Fee Attached

Applicant Signature

_____/_____/_____
Date Submitted

_____ **DO NOT WRITE BELOW THIS LINE** _____

Approved _____ Denied _____ Permit# _____ Total Fee \$ _____