

**Upper Nazareth Township**  
**100 NEWPORT AVE, NAZARETH, PA 18064-1153**  
**Phone: 610-759-5341 Fax: 610-759-4430**  
**Web site: [www.uppernazarethtownship.org](http://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 (No Impact Businesses are \$25.00). 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 30<sup>th</sup> of each year (**Late fees will apply to all applications received after the June 30<sup>th</sup> 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 30<sup>TH</sup> 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

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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.**