

LICENSE NO. \_\_\_\_\_

# The Township of Darby Department of Health

## APPLICATION FOR RETAIL STORE LICENSE

NAME OF ESTABLISHMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

If this place of business is licensed by the State, give the following information:

Type of License	License Number	Date Expires
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### TO BE COMPLETED BY DARBY TOWNSHIP DEPARTMENT OF HEALTH

License Issued on \_\_\_\_\_ Fee Paid \_\_\_\_\_

Issued From \_\_\_\_\_ To \_\_\_\_\_

MAKE CHECK PAYABLE TO: DARBY TOWNSHIP DEPARTMENT OF HEALTH