BOROUGH OF ST. LAWRENCE

135 N Prospect St. Reading PA 19606

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610-779-1430 Fax: 610-779-9148

COMMERCIAL TENANT REGISTRATION

(PLEASE PRINT)

PROPERTY ADDRESS:____

Instructions: FOR EACH UNIT: U**sing the corresponding unit number from the Landlord Registration**. Please provide the information requested.

Unit ____:	Mailing Address:____________________	Telephone:__________
Lease Starts	Leaseholder Name:____________________	Telephone:__________
	Business Name:____________________	Telephone:__________
Lease Ends	Type of Business:____________________	
	Hours of Operation: ____________________	
	Manager/Local Contact Name:____________________	Telephone:__________
Unit ____:	Mailing Address:____________________	Telephone:__________
Lease Starts	Leaseholder Name:____________________	Telephone:__________
	Business Name:____________________	Telephone:__________
Lease Ends	Type of Business:____________________	
	Hours of Operation: ____________________	
	Manager/Local Contact Name:____________________	Telephone:__________
Unit ____:	Mailing Address:____________________	Telephone:__________
Lease Starts	Leaseholder Name:____________________	Telephone:__________
	Business Name:____________________	Telephone:__________
Lease Ends	Type of Business:____________________	__________
	Hours of Operation: ____________________	
	Manager/Local Contact Name:____________________	Telephone:__________
Unit ____:	Mailing Address:____________________	Telephone:__________
Lease Starts	Leaseholder Name:____________________	Telephone:__________
	Business Name:____________________	Telephone:__________
Lease Ends	Type of Business:____________________	__________
	Hours of Operation: ____________________	
	Manager/Local Contact Name:____________________	Telephone:__________

VERIFICATION STATEMENT

I, ______________________________, hereby verify that the information contained in this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA. C. S. §4904, relating to unsworn falsification to authorities, and §4911, relating to tampering with official records.

______________________________ Authorized Signature

______________ Date