



# BOROUGH OF COLLINGDALE

*Delaware County, Pennsylvania*

MUNICIPAL BUILDING  
P.O. BOX 1524  
1000 MAC-DADE BOULEVARD  
COLLINGDALE, PA 19023-8524  
TEL: 610/586-0500 FAX: 610/586-9065

Fee: \$120.00

## Application for a Use & Occupancy License BUSINESS USAGE

Date: \_\_\_\_\_

Name of Business : \_\_\_\_\_

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_

Type of Business : \_\_\_\_\_

Number of Employees : \_\_\_\_\_

Hours of Operation : \_\_\_\_\_

Description of Business Operation : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_

To the best of my knowledge the information  
contained in this application is true and  
correct as testified to by my signature on  
this document.

\_\_\_\_\_  
Signature