Application For License Year 2016 Fee: $20.00	*City of Franklin*	CITY OF FRANKLIN CITY CLERK'S OFFICE 430 THIRTEENTH ST. FRANKLIN, PA 16323

The following information is necessary for our records and will be held in strictest confidence.
ALL QUESTIONS MUST BE ANSWERED FULLY. USE REVERSE SIDE IF NECESSARY.

TRADE NAME AND BUSINESS ADDRESS TO BE PRINTED ON LICENSE	NAME AND ADDRESS OF APPLICANT (IF OTHER THAN TRADE NAME)
MAIL ADDRESS (if other than above)	FEDERAL ACCOUNT NO. OR SOCIAL SECURITY NO. E-MAIL ADDRESS
PARTNERS/OFFICERS' NAMES AND ADDRESSES	BUSINESS PHONE NUMBER
	RESIDENCE PHONE NUMBER

TYPE OF ORGANIZATION (Check)
☐ INDIVIDUAL PROPRIETORSHIP ☐ PARTNERSHIP ☐ ASSOCIATION ☐ FIDUCIARY
☐ CORPORATION DATE INCORPORATED_____ STATE INCORPORATED_____

DESCRIBE NATURE OF BUSINESS	DATE OPERATIONS BEGAN

I certify that all information and statements herein are true and correct.

DATE SIGNATURE TITLE

PENALTIES

Whoever being required to procure a license and who fails or refuses to do so, and whoever fails to keep his license conspicuously posted at his place of business, shall upon conviction thereof before any Alderman or Magistrate, be sentenced to pay a fine of not more than Fifty ($50.00) Dollars and costs of prosecution for each offense, and in default of payment of said fine and costs, shall be imprisoned in the Venango County Jail for a period of not exceeding thirty (30) days or both fine and imprisonment.

FOR OFFICE USE ONLY

Date_____ By_____

☐ Cash ☐ Check ☐ Money Order

2016

The following information is necessary for the emergency records of the Police and Fire Departments and will be kept in the strictest confidence.

PLEASE PRINT OR TYPE

BUSINESS QUESTIONNAIRE

NAME OF BUSINESS:_____ BUS. PHONE (____)_____

BUSINESS ADDRESS:_____ 2nd PHONE (____) _____

_____ FAX NUMBER (____)_____

E-MAIL ADDRESS: _____ CELL NUMBER (____) _____

1st KEYHOLDER CONTACT: **(*If you are located within the City, please provide an after-hours emergency number in this block, which will be used for notification when alarms are received and other after-hours emergencies. THIS SHOULD NOT BE THE BUSINESS NUMBER.)**

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
***AFTER HOURS PHONE NUMBER:**	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

2nd KEYHOLDER CONTACT:

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
***AFTER HOURS PHONE NUMBER:**	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

3rd KEYHOLDER CONTACT:

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
***AFTER HOURS PHONE NUMBER:**	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

OCCUPANCY TYPES:

TYPE OF BUSINESS:_____

APARTMENTS? (Y/N)_____ NUMBER?_____ HOW MANY FLOORS?_____NUMBER OCCUPIED?_____

HAZARDOUS MATERIALS

YES/NO:_____ LOCATION IN BUILDING:_____

HAZMAT NAMES: (Attach sheet if more room required.)_____

_____

UTILITY INFORMATION

ELECTRIC SHUT OFF LOCATION:_____

GAS SHUT OFF LOCATION:_____

ANY OTHER INFORMATION THAT YOU FEEL WILL BE OF ASSISTANCE TO US: (Attach sheet if more room required.)