

East Manchester Township Business Registration

5080 N. Sherman Street Extd, Mt. Wolf, PA 17347 phone(717)266 -6735 fax(717)266-0429

In order for East Manchester Township to keep an accurate, up to date record of businesses within the Township for informational and emergency situations, your compliance in completion of this form and its return is greatly appreciated. Please mail or fax this form to East Manchester Township within 10 days of receipt.

Thank you.

Business' or Organization's Legal Name _____

Doing business as (dba) or Trade Name _____

Business Address _____

Address of Business location _____

Federal EIN _____

Telephone # _____ Fax # _____

Website _____ Email _____

Sole Proprietorship Corporation Partnership LLC

Profit Non profit

Owner Name, Address, and Telephone # (please indicate order for emergency contact)

Please list all owners _____

Describe your Business Type or Activity _____

Date Business Established _____

Business Hours _____ Shift Hours _____

Number of Employees _____ Employees per shift _____

Any pertinent information for emergency situations (List: Hazardous materials, accessibility needs, etc.)

Any Additional Information _____

