



# BUSINESS CERTIFICATE APPLICATION

Application Fee \$50.00

MIDDLETOWN BOROUGH  
60 WEST EMAUS STREET  
MIDDLETOWN, PENNSYLVANIA 17057  
PH. (717) 902-0706/FAX (717) 902-3073

**IMPORTANT- Prior to approval, all applicants must submit a copy of their existing Certificate of Use and Occupancy, or apply for one with the Borough if no copy exists.**

## I. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify the property and building(s) are in compliance with Borough Ordinances and a Use and Occupancy Certificate has been issued.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## II. BUSINESS INFORMATION

Business Owner(s) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify the business is in compliance with Borough Ordinances and a Use and Occupancy Certificate has been issued.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Business Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_ Middletown, PA 17057

Business Mailing Address:  Same as Business Location  Different from Business Location, fill in below

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. EMERGENCY CONTACT PERSONS (2 required)**

Emergency Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IV. SECURITY SYSTEM AND FIRE ALARM INFORMATION**

Type of Company: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY**

Business Certificate Number: \_\_\_\_\_

Application Fee Received

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

Previous Business Certificate Received

Previous Certificate Number: \_\_\_\_\_

Notes: