

Borough of Clifton Heights
30 S. Springfield Road
Clifton Heights, PA 19018
610-623-3223 Fax 610-284-1461

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**MECHANICAL-ELECTRONIC DEVICES
LICENSE APPLICATION**

APPLICATION FOR PERMIT GRANTED UNDER ORDINANCE # 599

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

CONTACT PERSON: _____

DESCRIPTION OF LICENSED EQUIPMENT

1.) _____

2.) _____

3.) _____

OWNER/RESPONCIBLE PARTY: _____

ADDRESS: _____

DATE: _____ **SIGNATURE:** _____