

Borough of Bridgeport  
63 West Fourth Street, Bridgeport, PA 19405  
Phone 610-272-1811 Fax 610-292-8236

## Annual Business License

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

No P.O. Box

**City, State, Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Owners Name** \_\_\_\_\_

**Owner Address** \_\_\_\_\_

No P.O. Box

**City, State, Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**FEE (\$35.00) INCLUDED?** Y\_\_\_ N\_\_\_

**ALL FEES MUST BE PAID BY CHECK OR CASH. (CASH MUST BE THE EXACT AMOUNT)**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED**