



**\$200 Commercial**

Will food be sold? **YES / NO** *(if yes, must apply for a health license with the Borough of Sharon Hill)*

Will drugs of any kind be sold? **YES / NO**

If yes, list all drugs and the purpose of the drug or drugs to be sold. Attach all supporting documentation.

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Will drugs of any kind be administered? **YES / NO**

If yes, list all drugs and the purpose of the drug or drugs to be administered. Attach all supporting documentation.

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**Upon approval of this Use & Occupancy application you must apply for a business privilege license with 30days. You are also responsible for maintaining your business privilege taxes.**

I \_\_\_\_\_ hereby, certify the facts set forth (Print name of Proprietor or Authorized Agent) on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

**Title of Proprietor or Authorized Agent:**

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**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<b>Signature of Proprietor or Authorized Agent</b>	<b>Date</b>