

ZONING REVIEW FOR A **NEW** MERCANTILE LICENSE/BUSINESS PRIVILEGE REGISTRATION
IN RESIDENTIAL ZONING DISTRICTS



Upper Merion Township

Address of the business

Number	Street	City, State
--------	--------	-------------

Nature of business (describe fully)

Are there any employees other than family members
residing in the dwelling

yes	no

Number of anticipated daily customers at the location

--

Will signage be installed at the location

yes	no

Contact information:

Name

Phone Number

e-mail address

Applicant - Do Not Write Below This Line

Use approved in underlying zoning district

yes	no

Use and Occupancy Permit required

yes	no

Reviewer's initials

--