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# BOROUGH OF CHESTER APPLICATION FOR A PROPRIETORS LICENSE

IF APPLICANT IS AN ORGANIZATION, FILL OUT SECTIONS 1 & 3  
IF APPLICANT IS AN INDIVIDUAL, FILL OUT SECTIONS 2 & 3

**PLEASE NOTE, A PROPRIETOR MUST BE A NOT FOR PROFIT, RELIGIOUS, CHARITABLE, CIVIC OR VETERAN ORGANIZATION, WHICH IS LOCATED IN, OR HAS A SUBSTANTIAL MEMBERSHIP FROM, OR PROVIDES SUBSTANTIAL SERVICE TO THE BOROUGH OR ITS RESIDENTS. ALL PROCEEDS FROM EVENTS HELD BY THE PROPRIETOR MUST BE DEVOTED EXCLUSIVELY TO NOT FOR PROFIT PURPOSES..**

**PLEASE ATTACH TO THIS APPLICATION PROOF OF YOUR NON-PROFIT STATUS**

**SECTION 1**  
 Name of applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Please describe your organization \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please attach a signed statement from the Organization certifying that the applicant is authorized to act as the Organization's representative.

**SECTION 2**  
 Name of applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 If less than three years at this address, please give previous addresses for the last three years  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please list the names, addresses and phone #'s of 3 people you have known in excess of 3 years.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3**  
 Applicant is:     Religious     Charitable     Civic     Veteran  
 Please describe the how proceeds will be spent.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

A fee of \$750.00 payable to the Borough of Chester must accompany this application.