

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 _____

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

Signature _____ **Date** _____

INCOMPLETE APPLICATIONS WILL BE RETURNED