UNION TOWNSHIP

3904 Finleyville-Elrama Road, Finleyville PA 15332
Phone: 724-348-4250 / Fax: 724-348-8234 / www.uniontwp.com

HOME OCCUPATION, HOME OFFICE & HOME BASED NO-IMPACT BUSINESS LICENSE APPLICATION

Business Type: ☐ Home Occupation ☐ Home Based No Impact ☐ Home Office

Business Name (legal): _____

Business Information: _____

STREET CITY STATE ZIP

_____

EMAIL PHONE FAX

Parcel #: _____

This is your property number that can be found on Washington County's public access website

Mailing Address if different from above: _____

Start Date of Business: _____

Description of Business: _____

_____

Do you own the home where the Home Occupation/No-Impact business is located?_____

**If you do not own the property where the business is being conducted, a signed letter must be provided by the property owner, landlord or management company approving of the proposed business.*

Business Owner Information

Name:_____

Title: _____

Home Address: _____

Phone:_____ Email: _____

Emergency Contact Information: _____

NAME PHONE

Additional Business Information

FEIN Number (if applicable): _____

Hours of Operation: _____

Business Activity (Please explain products or services provided): _____

_____

_____

_____

Business Structure: ☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Other _____ ☐ N/A

Business products/materials that will be stored or used at business location:

_____

Will there be goods/products available for sale on the premises? ☐ YES ☐ NO

Any hazardous materials used or stored at business location? ☐ YES ☐ NO

If Yes please explain: _____

Will the use increase the use of water, sewage, garbage or any other municipal services beyond that which is normal for the residences in the neighborhood? ☐ YES ☐ NO

How many employees will be employed at this location: _____

Will any of the use be conducted in an accessory structure? ☐ YES ☐ NO

Are you open to the public? ☐ YES ☐ NO

If so, please indication how many parking spaces are located at the business: _____

Will there be external evidence of business including signage or lights? ☐ YES ☐ NO

If yes, please explain: _____

Will the use require internal or external alterations or construction? ☐ YES ☐ NO

If yes, please explain: _____

Will there be storage of material or equpment outside of an enclosed building? ☐ YES ☐ NO

Will the use create greater vehicle or pedestrian traffic? ☐ YES ☐ NO

If yes, please explain: _____

Will there be routine deliveries by commerical vehicles to or from the business, and will there be any commerical vehicles parked on the premises? ☐ YES ☐ NO

If yes, please explain: _____

****ALL APPLICABLE ZONING AND OCCUPANCY PERMITS MUST BE SUBMITTED ALONG WITH THIS APPLICATION****

Application is herby made for Business License as required by Ordiance NO. 5 of 2025 within Union Township, Washington County, PA.

My signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my place of business must comply with all Union Township codes and/or ordinances. I also understand that if my business closes or moves from the Township, it is my responsibility to notify the Township of either.

_____	_____	_____
Signature of Business Owner	Print Name and Title	Date of Application

For Office Use Only:
Received By: _____ Date Received: _____
Zoning code of business location: _____

Approved: □ YES □ NO Date: _____
Paid Amount: _____ Paid via: _____
If No, reason: _____

_____	_____
Signature	Title
_____	_____
Signature	Title