

Use and Occupancy Permit Application for Mall Tenants



Upper Merion Township

175 W. Valley Forge Rd. King of Prussia, PA 19406

610-205-8507/8508

permits@umtownship.org

Permit # : _____

Date completed application received: _____

Payment must accompany application.

Application is hereby made to use: _____ for _____ Retail
square feet use

Lease Dates: _____

Occupancy Date: _____

AT: _____

*Note Mall Name, Space #, and location-**Kiosks note Store(s) fronting space

Confirm Suite # with Fire Marshal prior to Occupancy

Name of Store or Kiosk:

Property/Mall _____ Simon Property Group
Owner: _____ name
_____ c/o 640 Freedom Dr. Ste. 110 King of Prussia, PA 19406
_____ address/zip code
_____ 484-679-2383 _____
phone fax e-mail

Tenant or _____
Kiosk Owner _____ name
_____ address/zip code
_____ phone _____ fax _____ e-mail

Contractor: _____
(if any) _____ name
_____ address/zip code
_____ phone _____ fax _____ e-mail

OR

signature of kiosk owner

signature of applicant

date

date

FOR OFFICE USE ONLY:

Zoning District: SC

Approved: _____

Denied: _____

FEE: _____

Applicable Business Taxes:

_____ Amusement Tax - 93-611, as amended
_____ Business Privilege Tax - 93-608, as amended
_____ Mercantile Tax - 93-608, as amended
_____ Wholesale
_____ Retail
_____ Wholesale & Retail

FEE:

\$125

(less than 10,000 sq. ft.)

OR:

\$ 230 for 10,000+ sq. ft.