

Tri-State Financial Group
 PO Box 38
 Bridgeport, PA 19405
 www.tfgtax.com
 (610) 270-9520 Phone
 info@tfgtax.com E-mail

2023 UPPER MERION TOWNSHIP ITINERANT MERCHANT TAX LICENSE APPLICATION

**LICENSE FEE
 DUE
 PRIOR TO SHOW DATE**

Business Name and Address of Promoter _____ Lic.# _____	THIS SPACE FOR 511 TAX OFFICE USE ONLY
Telephone #: _____ E-mail: _____	<input type="checkbox"/> Check <input type="checkbox"/> Money Order

IMPORTANT: THIS SECTION MUST BE COMPLETED. Name of Show _____ Date(s) of Show _____ Location of Show _____ _____	PER ORDINANCE LICENSE IS VALID FOR 60 DAYS FROM ISSUE, NO EXCEPTIONS
---	---

**A LIST OF ALL MERCHANTS OR VENDORS, WHO ARE SELLING MUST BE ATTACHED INCLUDING THE PROMOTER.
 COMPLETE THE APPROPRIATE FEE SCHEDULE BELOW:**

Shows with 1 through 50 Participants

\$30.00 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS 50 OR LESS, INCLUDING THE PROMOTER. Number of participants _____ @ \$30.00 = _____ Amount Due with Application Number of Additions _____ @ \$30.00 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	OFFICE USE ONLY
---	------------------------

Shows with 51 through 99 Participants

\$40.00 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS 51 THROUGH 99, INCLUDING THE PROMOTER. Number of participants _____ @ \$40.00 = _____ Amount Due with Application Number of Additions _____ @ \$40.00 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	OFFICE USE ONLY
--	------------------------

Shows with 100 or more Participants

\$50.00 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS 100 OR MORE, INCLUDING THE PROMOTER. Number of participants _____ @ \$50.00 = _____ Amount Due with Application Number of Additions _____ @ \$50.00 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	OFFICE USE ONLY
--	------------------------

**Itinerant Merchant Fee Schedule per Ordinance No. 89-562; Resolution No. 89-43; Amended Ordinance No. 93-609;
 Resolution No. 2006-37 (2022 Fee Schedule)**

AFFIRMATION: I hereby certify under the penalties provided by law that all statements made herein and/or any supporting schedule or exhibit are to the best of my knowledge and belief true, correct, and complete. If this application is prepared by a person other than the owner his declaration is based on all the information which he has any knowledge.

 Signature of person preparing application (if other than owner)

Signature(X) _____ Date _____

Email _____ Name _____ Title _____
 (PRINT OR TYPE)

THIS SPACE FOR 511 TAX OFFICE USE ONLY DATE LICENSE(S) MAILED _____ INITIALS _____ COPY FOR FILE _____
