TRI-STATE FINANCIAL GROUP, LLC
PO BOX 38
BRIDGEPORT, PA 19405

Tax forms and other information available at
www.tfgtax.com
Phone 610-270-9520
Fax 610-270-9522

BUSINESS REGISTRATION/MERCANTILE LICENSE APPLICATION

- ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED
- A SEPARATE APPLICATION MUST BE FILED FOR EACH COMPANY DOING BUSINESS
- ***THIS APPLICATION DOES NOT TAKE THE PLACE OF ANY CODE ENFORCEMENT LICENSE OR PERMITS***

1. LEGAL BUSINESS NAME : _____
   (Enter any additional name(s) under which business is conducted): _____
2. COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN BOROUGH OF MEDIA (No PO Boxes),
   OUT OF TOWN CONTRACTORS SHOULD LIST JOB SITE_____
   _____
3. EIN / SSN: _____
4. MAILING ADDRESS:
   _____
5. ADDRESS OF CORPORATE OFFICE:
   _____
6. PHONE NUMBERS: (_____)_____
7. E-MAIL: _____
8. DESCRIPTION OF BUSINESS ACTIVITY _____
9. DOES THIS BUSINESS HAVE OTHER LOCATIONS: ( ) Yes ( ) No If YES , where are the other business locations:
   ( ) In Pennsylvania ( ) Other _____
10. BUSINESS TYPE: ( ) Sole Proprietorship ( ) Partnership ( ) C Corp ( ) S Corp ( ) LLC ( ) Non-Profit
    ( ) Other "please specify" _____
11. DATE STARTED IN BOROUGH of MEDIA: _____
12. DO YOU RENT THE OFFICE SPACE YOU OCCUPY? ( ) Yes ( ) No ( ) N/A If YES, give name and address of
    landlord or rental agent _____
13. IS THIS BUSINESS A: ( ) Retail ( ) Wholesale ( ) Service ( ) Rental Income ( ) Manufacturer
14. DO YOU OWN ANY PROPERTY IN MEDIA BOROUGH FOR WHICH YOU RECEIVE RENTAL INCOME?
    ( ) Yes ( ) No If YES, give name of rental agent (if applicable) _____
    DO YOU SUBLEASE TO OTHERS ( ) Yes ( ) No – **ATTACH CURRENT LIST OF TENANTS WITH APPLICATION**
15. ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION? ( ) Yes ( ) No ( ) N/A
    If YES, please provide name and address of provider _____

*****Anyone doing business in the Borough of Media are required to register with Tri-State Financial Group. A Registration Fee of $100.00 must accompany this Registration Form. This application is separate and does not replace the Business Privilege and Mercantile Tax which is due quarterly.*****

TOTAL AMOUNT DUE WITH APPLICATION $ ____100.00____

- **A separate license is due for each place of business**

Enclose check made payable to "BOROUGH OF MEDIA" –
Mail to Tri-State Financial Group, PO Box 38, Bridgeport, PA 19405

Print Name (Owner or Authorized Person): _____ **Date** _____

Signature (Owner or Authorized Person): _____ **Title** _____