

Tri-State Financial Group
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UPPER MERION TOWNSHIP AMUSEMENT TAX LICENSE PERMIT

The following information is necessary for our records and will be held in the strictest confidence. ALL QUESTIONS MUST BE ANSWERED FULLY - USE REVERSE SIDE IF NECESSARY, COMPLETE AND RETURN IMMEDIATELY.

OWNERSHIP

1. Business Name and District Address: Lic #

2. Mailing Address (if other than above):

3.

4. Branch Office Address: (if within Municipality):

5. Business Phone Number: Res. Phone No.

6. Do you rent this Business Location? ☐ YES ☐ NO
If so, provide name & address of rental/leasing agent:

LICENSE PERMIT FEE

2026

ANNUAL \$150.00 ☐

TEMPORARY \$75.00 ☐

Please check appropriate box.

MAKE CHECKS PAYABLE TO: UPPER MERION TOWNSHIP

SEPARATE PERMIT NECESSARY FOR EACH PLACE OF BUSINESS

NOTE: Permit must be posted conspicuously at all times. New, seasonal, transient, or itinerant businesses must secure permit before commencing business. A replacement fee will be charged in case of loss, defacement, or destruction of any permit. Approved activity subject to full compliance of all ordinances, codes, or laws.

7. Name of Owner, Partners, or Officers

ADDRESS

TITLE

ORGANIZATIONS

8. Type of Organization: ☐ Individual Proprietorship ☐ Partnership ☐ Corporation ☐ LLC
☐ Association ☐ Fiduciary DATE INCORPORATED: STATE

9. Nature of Business: ☐ Retail ☐ Wholesale ☐ Rental ☐ Manufacturing* ☐ Service
☐ Trade ☐ Construction ☐ Fabrication* ☐ Amusement ☐ Other (explain)*

10. Date Local Operation Began:

*EXPLAIN METHODS USED ON REVERSE SIDE

11. Type of District Business: ☐ Established ☐ New ☐ Seasonal* ☐ Transient*
☐ Itinerant* (*Indicate approximate date when operations in District will end)

12. Accounting Basis:
☐ Cash ☐ Accrual ☐ Other (Explain):

Accounting Period:
☐ Calendar ☐ Fiscal year ending

13. Name and Address of person or firm in charge of records:

CERTIFICATION:
I HEREBY CERTIFY UNDER THE PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE
HEREON ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

Date Name (Print) Signature Title

Email

CT8-111

THIS SPACE FOR 511 TAX OFFICE USE ONLY

DATE LICENSE(S) MAILED INITIALS

COPY FOR FILE