

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

1. BUSINESS NAME (Enter name under which business is conducted): _____
2. COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN WEST CONSHOHOCKEN BOROUGH (No PO Boxes, if none, write NONE):

3. EIN / SSN: _____
4. MAILING ADDRESS (If different than above):

5. ADDRESS OF CORPORATE OFFICE:

6. PHONE NUMBERS: Local office (_____) _____ E-Mail _____
7. DESCRIPTION OF BUSINESS ACTIVITY _____
8. DOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes () No If YES , where are the other business locations:
() In Pennsylvania () Other _____
9. BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC () Non-Profit
10. DATE STARTED IN WEST CONSHOHOCKEN BOROUGH: _____
11. NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) _____
12. DO YOU RENT THE OFFICE SPACE OF BUILDING YOU OCCUPY? () Yes () No 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 WEST CONSHOHOCKEN BOROUGH FOR WHICH YOU RECEIVE RENTAL INCOME?
() Yes () No If YES, give name of owner or rental agent _____
15. ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION? () Yes () No
If YES, please provide name and address of provider _____

ESTIMATED REVENUE FOR CURRENT YEAR

(This will be your **credit** on your First Tax Return due March 31st)

Retail Receipts	\$ _____	x	0.0015 =	\$ _____
Wholesale Receipts	\$ _____	x	0.0010 =	\$ _____
Annual Business License Fee -----				\$ <u>10.00</u>

TOTAL AMOUNT DUE WITH APPLICATION \$ _____

***Enclose check made payable to "WEST CONSHOHOCKEN BOROUGH" –
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** _____