

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

- LEGAL BUSINESS NAME : _____
(Enter any additional name(s) under which business is conducted): _____
- COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN MUNICIPALITY OF NORRISTOWN (No PO Boxes, if none, write NONE): _____
- EIN / SSN: _____
- MAILING ADDRESS (If different than above): _____
- ADDRESS OF CORPORATE OFFICE: _____
- PHONE NUMBERS: Local office (_____) _____ E-Mail _____
- E-MAIL: _____
- DESCRIPTION OF BUSINESS ACTIVITY _____
- DOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes () No If YES , where are the other business locations:
() In Pennsylvania () Other _____
- BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC () Non-Profit
() Other "please specify" _____
- DATE STARTED IN MUNICIPALITY OF NORRISTOWN: _____
- NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) _____
- DO YOU RENT THE OFFICE SPACE YOU OCCUPY? () Yes () No If YES, give name and address of landlord or rental agent _____
- IS THIS BUSINESS A: () Retail () Wholesale () Service () Rental Income () Manufacturer
- DO YOU OWN ANY PROPERTY IN NORRISTOWN MUNICIPALITY 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
- ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION? () Yes () No
If YES, please provide name and address of provider _____

****All businesses in the Municipality of Norristown are required to register with Tri-State Financial Group. A Registration Fee of \$65.00 must accompany this Registration Form****

TOTAL AMOUNT DUE WITH APPLICATION \$ 65.00
Additional Locations: Add \$1.00 x # Locations = \$ _____

***Enclose check made payable to "MUNICIPALITY OF NORRISTOWN" –
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** _____