

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

Tax forms and other information available at  
[www.tfgtax.com](http://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 HAVERFORD TOWNSHIP (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 HAVERFORD TOWNSHIP: \_\_\_\_\_
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 HAVERFORD TOWNSHIP 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 April 15<sup>th</sup>)

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

**TOTAL AMOUNT DUE WITH APPLICATION** \$ \_\_\_\_\_

*Enclose check made payable to "HAVERFORD TOWNSHIP" –  
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** \_\_\_\_\_