

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 PLYMOUTH TOWNSHIP (No PO Boxes, if none, write NONE):

- EIN / SSN: _____
- MAILING ADDRESS (If different than above): _____
- ADDRESS OF CORPORATE OFFICE: _____
- PHONE NUMBER: (_____) _____ PLYMOUTH NUMBER (_____) _____
- 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 PLYMOUTH TOWNSHIP: _____
- 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 _____
- DO YOU OWN ANY PROPERTY IN PLYMOUTH TOWNSHIP 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 (SEE BACK)
- 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 – NEW BUSINESSES ONLY (See Instructions on back)

- | | | | |
|---------------------------------------|----------|---|-------------------|
| A) Estimated Retail Receipts | \$ _____ | x | 0.0015 = \$ _____ |
| B) Estimate Wholesale Receipts | \$ _____ | x | 0.0010 = \$ _____ |
| C) Estimated Service/ Rental Receipts | \$ _____ | x | 0.0015 = \$ _____ |

Mark "X" in box(es) below for each kind of license(s) required: check applicable box or boxes

- | | |
|--------------------------------------------------------------|---------------------|
| D) () Retail Dealer or Vendor - Mercantile License _____ | <u>License Fees</u> |
| E) () Wholesale Dealer or Vendor - Mercantile License _____ | \$25.00 |
| F) () Business Privilege License _____ | \$25.00 |

TOTAL AMOUNT DUE FOR ESTIMATED TAX AND LICENSE FEES (ADD LINES A+B+C+D+E+F) \$ _____

**Enclose check made payable to "PLYMOUTH 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 _____

INSTRUCTIONS FOR ESTIMATED REVENUE FOR CURRENT YEAR – NEW BUSINESSES ONLY

Persons who commence business subsequent to January 1, shall compute the gross volume of business as follows:

Multiply the Gross Receipts for first month times the remaining months in the year will equal the Estimate Gross Receipts. To be entered on Line A, B or C on front of Application.

Example: Start Date is July 1
Receipts for July 1 through July 31 = \$1,000.00
Remaining Months (July through December) = 6 months
Estimate Gross Receipts = \$6,000.00 (\$1,000.00 x 6 months)

LIST OF TENANTS THAT SUBLEASE

EXEMPT COMPANIES - EXPLANATION

OTHER BUSINESSES IN TOWNSHIP

Businesses listed above must file a separate application and be Licensed.

THE ISSUANCE OF THIS LICENSE DOES NOT CONSTITUTE ZONING APPROVAL