

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

2024 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 _____