

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. LEGAL BUSINESS NAME : _____
(Enter any additional name(s) under which business is conducted): _____
2. COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN EXETER 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 (_____) _____ Fax (_____) _____
7. E-MAIL: _____
8. DESCRIPTION OF BUSINESS ACTIVITY _____
9. DOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes () No If YES , where are the other business locations:
() In Pennsylvania () Other _____
10. BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC () Non-Profit
() Other "please specify" _____
11. DATE STARTED IN EXETER TOWNSHIP: _____
12. NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) _____
13. DO YOU RENT THE OFFICE SPACE YOU OCCUPY? () Yes () No If YES, give name and address of landlord or
rental agent _____
14. IS THIS BUSINESS A: () Retail () Wholesale () Service () Rental Income () Manufacturer
15. DO YOU OWN ANY PROPERTY IN EXETER TOWNSHIP FOR WHICH YOU RECEIVE RENTAL INCOME?
() Yes () No If YES, give name of rental agent (if applicable) _____
16. 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 Township of Exeter are required to register with Tri-State Financial Group.
A Registration Fee of \$20.00 must accompany this Registration Form****

TOTAL AMOUNT DUE WITH APPLICATION \$ 20.00

***Enclose check made payable to "EXETER 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** _____