

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

- BUSINESS NAME (Enter name under which business is conducted): _____
- COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN WEST CONSHOHOCKEN BOROUGH (No PO Boxes, if none, write NONE):

- EIN / SSN: _____
- MAILING ADDRESS (If different than above):

- ADDRESS OF CORPORATE OFFICE:

- PHONE NUMBERS: Local office (_____) _____ Fax (_____) _____
- 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
- DATE STARTED IN WEST CONSHOHOCKEN BOROUGH: _____
- NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) _____
- DO YOU RENT THE OFFICE SPACE OF BUILDING 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 WEST CONSHOHOCKEN BOROUGH FOR WHICH YOU RECEIVE RENTAL INCOME?
() Yes () No If YES, give name of owner or rental agent _____
- 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 15th)

Retail Receipts \$ _____ x 0.0015 = \$ _____

Wholesale Receipts \$ _____ x 0.0010 = \$ _____

Annual Business License Fee ----- \$ 10.00

TOTAL AMOUNT DUE WITH APPLICATION \$ _____

***Enclose check made payable to "WEST CONSHOHOCKEN BOROUGH" –
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** _____