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. BUSINESS NAME (Enter name under which business is conducted): _____

2. COMPLETE ADDRESS OF <u>ACTUAL</u> 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 (_____)_____ Fax (_____)_____

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 15th)

Retail Receipts	$_____	x	0.0015 =	$_____
Wholesale Receipts	$_____	x	0.0010 =	$_____
Service/ Rental Receipts	$_____	x	0.0015 =	$_____
Annual Business License Fee	----------------------------------			$____10.00____

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 _____