

**TOWNSHIP OF HAVERFORD**  
**APPLICATION FOR BUSINESS PRIVILEGE / MERCANTILE LICENSE**

Date: \_\_\_\_\_ EIN#: \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date Business Started at this Location \_\_\_\_\_

Mailing Address if different from Above \_\_\_\_\_

**ESTIMATED REVENUE FOR CURRENT YEAR**

(This will be your **credit** on your First Tax Return due April 15<sup>th</sup>)

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**            \$ \_\_\_\_\_

Check Type of Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_

Corporation \_\_\_\_\_ Other \_\_\_\_\_

Party Responsible for Filing Tax Return \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Mail to:            **Tri-State Financial Group, LLC**  
**P.O. Box 441**  
**Southeastern, PA 19399-0441**

**Telephone: 610-993-8609**  
**Fax: 610-889-9427**  
**www.tfgtax.com**

*Enclose check made payable to "HAVERFORD TOWNSHIP"*