

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 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 \$ _____

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"