

Payable To:  
**Upper Merion Township**  
 175 W. Valley Forge Rd.  
 King of Prussia, PA 19406  
 Attn: *Business Tax Office*  
 www.umtownship.org  
 (610) 265-2600

# UPPER MERION TOWNSHIP AMUSEMENT TAX LICENSE PERMIT

The following information is necessary for our records and will be held in the strictest confidence. ALL QUESTIONS MUST BE ANSWERED FULLY - USE REVERSE SIDE IF NECESSARY, COMPLETE AND RETURN IMMEDIATELY.

### OWNERSHIP

1. Business Name and District Address:	Lic #
2. Mailing Address (if other than above):	
3.	
4. Branch Office Address: (if within Municipality):	
5. Business Phone Number:	Res. Phone No.
6. Do you rent this Business Location? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, provide name & address of rental/leasing agent:	

### LICENSE PERMIT FEE

2005	ANNUAL <u>    \$16.00    </u> <input type="checkbox"/>
	TEMPORARY <u>    \$4.00    </u> <input type="checkbox"/>

Please check appropriate box.

Upper Merion Township

SEPARATE PERMIT NECESSARY FOR EACH PLACE OF BUSINESS

NOTE: Permit must be posted conspicuously at all times. New, seasonal, transient, or itinerant businesses must secure permit before commencing business. A replacement fee will be charged in case of loss, defacement, or destruction of any permit. Approved activity subject to full compliance of all ordinances, codes, or laws.

7. Name of Owner, Partners, or Officers	ADDRESS	TITLE

### ORGANIZATIONS

8. Type of Organization:     Individual Proprietorship     Partnership     Corporation  
 Association     Fiduciary    DATE INCORPORATED: \_\_\_\_\_ STATE \_\_\_\_\_

9. Nature of Business:     Retail     Wholesale     Rental     Manufacturing\*     Service  
 Trade     Construction     Fabrication\*     Amusement     Other (explain)\*

10. Date Local Operation Began: \_\_\_\_\_ \*EXPLAIN METHODS USED ON REVERSE SIDE

11. Type of District Business:     Established     New     Seasonal\*     Transient\*  
 Itinerant\*    (\*Indicate approximate date when operations in District will end \_\_\_\_\_ )

12. Accounting Basis:	Accounting Period:
<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (Explain):	<input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal year ending _____

13. Name and Address of person or firm in charge of records:

CERTIFICATION:  
 I HEREBY CERTIFY UNDER THE PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE HEREON ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

Date \_\_\_\_\_ Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_