

Upper Merion Township
 175 W. Valley Forge Rd.
 King of Prussia, PA 19406
 Attn: Business Tax Office
 www.umtownship.org
 (610) 265-2600 Phone
 (610) 265-0482 Fax

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

2008	ANNUAL	\$16.00	<input type="checkbox"/>
	TEMPORARY	\$4.00	<input type="checkbox"/>

Please check appropriate box.

MAKE CHECKS PAYABLE TO: 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:	<input type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Association	<input type="checkbox"/> Fiduciary	DATE INCORPORATED: _____ STATE _____
9. Nature of Business:	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Rental
	<input type="checkbox"/> Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Fabrication*
		<input type="checkbox"/> Amusement	<input type="checkbox"/> Other (explain)*
10. Date Local Operation Began: _____	*EXPLAIN METHODS USED ON REVERSE SIDE		

11. Type of District Business:	<input type="checkbox"/> Established	<input type="checkbox"/> New	<input type="checkbox"/> Seasonal*	<input type="checkbox"/> Transient*
	<input type="checkbox"/> 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 _____