

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

**UPPER MERION TOWNSHIP
 MERCANTILE - ITINERANT
 LICENSE APPLICATION**

**LICENSE FEE
 DUE
 PRIOR TO SHOW DATE**

Business Name and Address of Promoter _____ Lic.# _____ Telephone #: _____ Fax#: _____	<p style="color: red;">THIS SPACE FOR OFFICE USE ONLY</p> <p> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order </p>
<p>IMPORTANT: THIS SECTION MUST BE COMPLETED.</p> Name of Show _____ Date(s) of Show _____ Location of Show _____ _____	<p>LICENSE IS VALID FOR 60 DAYS FROM ISSUE</p>

**A LIST OF ALL MERCHANTS OR VENDORS, WHO ARE SELLING MUST BE ATTACHED INCLUDING THE PROMOTER.
 COMPLETE THE APPROPRIATE FEE SCHEDULE BELOW:**

Shows with 1 through 50 Participants

\$30.00 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS 50 OR LESS, INCLUDING THE PROMOTER. Number of participants _____ @ \$30.00 = _____ Amount Due with Application Number of Additions _____ @ \$30.00 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	<p style="color: red; font-weight: bold;">OFFICE USE ONLY</p>
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Shows with 51 through 100 Participants

\$37.50 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS 100 OR LESS, INCLUDING THE PROMOTER. Number of participants _____ @ \$37.50 = _____ Amount Due with Application Number of Additions _____ @ \$37.50 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	<p style="color: red; font-weight: bold;">OFFICE USE ONLY</p>
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Shows with greater than 100 Participants

\$45.00 PER MERCHANT, IF TOTAL SHOW PARTICIPANTS IS GREATER THAN 100, INCLUDING THE PROMOTER. Number of participants _____ @ \$45.00 = _____ Amount Due with Application Number of Additions _____ @ \$45.00 = _____ Amount Due with Additions (Complete if any additions to the original list. An additional list must be sent or faxed indicating the additional merchants).	<p style="color: red; font-weight: bold;">OFFICE USE ONLY</p>
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AFFIRMATION: I hereby certify under the penalties provided by law that all statements made herein and/or any supporting schedule or exhibit are to the best of my knowledge and belief true, correct, and complete. If this application is prepared by a person other than the owner his declaration is based on all the information which he has any knowledge.

Signature(X) _____ Date _____

 (Signature of person preparing application (if other than owner))

Name _____ Title _____
 (PRINT OR TYPE)