



APPLICATION FOR MERCANTILE LICENSE AND/OR BUSINESS PRIVILEGE REGISTRATION

ALL QUESTIONS MUST BE FULLY COMPLETED BEFORE A LICENSE and/or CERTIFICATE WILL BE ISSUED.
(A SEPARATE APPLICATION MUST BE FILED FOR EACH COMPANY DOING BUSINESS IN THIS TOWNSHIP)

- Trade Name (under which business is conducted): _____
- Business Address: _____

No. & Street	City	State	Zip
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- Has a use permit been issued by the Township Zoning Officer? Yes No
- Mailing Address (if different from above): _____
- Name of Owner of Business: _____
- If this is a branch office, give name, address and phone no. of main office: _____

- Nature of business (describe fully): _____
- Type of Organization: Incorporated Partnership Individual Other (Describe) _____
- Date Business began in Upper Moreland Township: _____
- Number of employees at this location (including self-employed, employers, partners, etc.): _____

11. Names and addresses of individuals, partners or officers:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

- Are there any concessionaires or leased departments in your place of business? Yes No
If yes, list names: _____
- Give name and address of any other place of business conducted by you in U.M. Township: _____
- Do you own any property in U.M. Township for which you receive rental income? Yes No If yes, list address(s): _____

15. Check appropriate block(s) for type of business being conducted at this location. Only one fee is necessary. If you have any questions in determining which category, call this office at 659-3100, extension 1044:

- | | |
|--|---------|
| <input type="checkbox"/> Rental Income | \$10.00 |
| <input type="checkbox"/> Retail Dealer or Vendor | \$10.00 |
| <input type="checkbox"/> Wholesale Dealer or Vendor | \$10.00 |
| <input type="checkbox"/> Restaurant or other place where food and drink are sold | \$10.00 |
| <input type="checkbox"/> Business Trade, Occupation, Vocation, or Profession | \$10.00 |
| <input type="checkbox"/> Manufacturer (attach letter describing Manufacturing Process) | \$10.00 |
| <input type="checkbox"/> Non-Profit Organization | \$10.00 |
| <input type="checkbox"/> Other: Explain: _____ | \$10.00 |
| <input type="checkbox"/> Governmental Agency | - 0 - |

- Phone Numbers: Business Phone No.: _____ Emergency/Home No.: _____
- Do you rent the office space of building you occupy? Yes No If yes, give name and address of Owner or Rental Agent: _____

18. Name & Address of Alarm System or Security Company used by your Company: _____

19. Name & Address of Trash Removal Company being used by your Company: _____

Fee must accompany this application which should be returned as soon as possible to: COLLECTOR OF BUSINESS TAX UPPER MORELAND TOWNSHIP, 117 PARK AVENUE, WILLOW GROVE, PA 19090. License is due and payable by JANUARY 15 of the License Year. If paid after due date, please include 10% PENALTY AND 10% PER MONTH INTEREST charge with your check. Make payable to UMT-COLLECTOR OF BUSINESS TAX

OFFICIAL TITLE _____

BY: _____
Signature of Applicant

DATE: _____

Print Name

FORMS ARE NOT VALID UNLESS SIGNED

Social Security #