

Central Tax Bureau of Pa, Inc. 500 Dutton Mill Road, Suite 105 Aston, PA 19014-3029 (610) 497-6030	Media Borough 23220	Registration Form for Mercantile and Business Privilege Taxes 20
The following information is necessary for our records and will be held in strictest confidence.	ALL QUESTIONS MUST BE ANSWERED FULLY. USE REVERSE SIDE IF NECESSARY.	COMPLETE AND RETURN FORM IMMEDIATELY.
OWNERSHIP		
1. Business Name and District Address: (also Mailing address if different)	2. Do you rent this Business location? Please circle: Yes No If so, please provide name & address of agent/landlord.	3. Branch office address: (Please note if within Borough)
4. Federal Account # or Soc. Sec. #:	5. Business Phone #:	6. Residential Phone #:
7. Name of Owner(s), Partner(s) or Officer(s)	Address	Title
ORGANIZATIONS		
8. Type of Organization Please Circle: Indiv. Proprietorship Partnership Corporation Association. Date Incorporated: _____ State: _____	9. Type of District Business Please Circle: Established New Seasonal* Transient* (*Indicate approximate date when operations in district will end) Date: _____	10. Nature of Business Please Circle: Retail Wholesale Rental Service* Manufacturing* Trade Construction Fabricating* Amusement Other* (*Explain methods used on Reverse)
11. Date local operation began:	12. Accounting Basis Please Circle: Cash Accrual Other	13. Accounting Period Please Circle: Calendar Fiscal Year Ending _____
14. Name & Address of Person or Firm in Charge of Records:	FOR OFFICE USE ONLY	A SEPARATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: A fee will be charged for replacement of any license lost or destroyed. License must be posted conspicuously at all times. New, Seasonal, or Transient business must secure license before commencing business and provide adequate cash bond as determined by the tax office.
	License Fee: \$50.00	
	Received By: _____	
	Amount Paid: _____	
	Cash Check M.O.	
	License #: _____	
	Please Circle: Wholesale Retail Rental Service	

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. If a person other than the taxpayer is preparing this form, his declaration is based on all the information of which he has any knowledge.

Signature: _____ Date: _____

Signature of preparer (If other than taxpayer): _____ Date: _____

Print Name: _____ Title: _____

**CHECKS MUST BE MADE PAYABLE TO:
CENTRAL TAX BUREAU FOR \$50.00**