

BUSINESS LICENSE FEE \$10	BOROUGH OF JENKINTOWN OFFICE OF THE TREASURER P.O. BOX 2176 700 SUMMIT AVENUE JENKINTOWN, PA 19046	
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The following information is necessary for our records and will be held in strictest confidence
ALL QUESTIONS MUST BE ANSWERED FULLY

NAME AND ADDRESS		FEDERAL ACCOUNT NO. OR SOCIAL SECURITY NO.
OWNER'S NAME		
TRADE NAME		JENKINTOWN ACCOUNT NO.
BUSINESS ADDRESS (STREET)		REMARKS
CITY, BORO, TOWNSHIP	STATE	ZIP CODE
MAILING ADDRESS (STREET) (if other than above)		
CITY, BORO, TOWNSHIP	STATE	ZIP CODE
BUSINESS PHONE	RESIDENCE PHONE NO.	
PARTNERS OR OFFICER'S NAMES	HOME ADDRESSES	SOCIAL SECURITY NO.

ORGANIZATION

TYPE OF ORGANIZATION (Check)

<input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> CORPORATION	DATE INCORPORATION _____	STATE INCORPORATED _____	
<input type="checkbox"/> "S" CORPORATION			

DATE OPERATION BEGAN IN JENKINTOWN _____

DESCRIBE FULLY NATURE OF BUSINESS _____

LANDLORD:
Name and address _____

INDICATE TYPE OF BUSINESS

<input type="checkbox"/> RETAIL MERCANTILE	<input type="checkbox"/> SERVICE (BUSINESS PRIVILEGE)
<input type="checkbox"/> WHOLESALE MERCANTILE	<input type="checkbox"/> RENTAL
<input type="checkbox"/> OTHER (DESCRIBE) _____	

ACCOUNTING - PAYROLL

NUMBER OF EMPLOYEES	ACCOUNTING BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER	ACCOUNTING PERIOD <input type="checkbox"/> CALENDAR <input type="checkbox"/> FISCAL YEAR ENDING
NAME OF PERSON OR FIRM KEEPING BOOKS	ADDRESS	TELEPHONE

I certify that all information and statements herein are true and correct

Date	Signature	Print Name	Title
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WHITE - Treasurer's Copy YELLOW - Taxpayer's Copy