

WILSON SCHOOL DISTRICT
2601 GRANDVIEW BOULEVARD
WEST LAWN, PENNSYLVANIA 19609-1324
(610) 670-0180 ext. 1117
FAX (484) 334-6426

REGISTRATION
MERCANTILE TAX / BUSINESS PRIVILEGE TAX

The following information is necessary for our records and will be held in strict confidence. All applicable questions must be fully answered.

IF YOUR BUSINESS IS ALREADY PAYING BUSINESS PRIVILEGE TAX TO ANOTHER MUNICIPALITY,
PLEASE SEND COPY OF DOCUMENTATION (I.E., REGISTRATION OR LICENSE FOR THAT MUNICIPALITY).

NAME: _____

DBA or TRADE NAME: _____

SOCIAL SECURITY NUMBER or FEDERAL IDENTIFICATION NUMBER: _____

BUSINESS LOCATION(S): _____

DO YOU OWN _____ RENT _____ THIS LOCATION? IF RENT, FROM WHOM: _____

ADDRESS _____

RENTAL START DATE _____

BOROUGH or TOWNSHIP IN WHICH BUSINESS IS LOCATED: _____

BUSINESS CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

MAILING ADDRESS WHERE ALL FORMS ARE TO BE SENT: _____

BUSINESS START DATE: _____

DESCRIBE THE NATURE OF YOUR BUSINESS: _____

TYPE OF BUSINESS:

(CHECK ALL THAT APPLY)

(CHECK ONE)

(CHECK ONE)

_____ WHOLESALE

_____ RETAIL

_____ SERVICE

_____ RENTAL

_____ PERMANENT

_____ TEMPORARY

_____ SEASONAL

_____ ITINERANT

_____ COMMISSIONS

_____ INDIVIDUAL

_____ PARTNERSHIP

_____ CORPORATION

_____ OTHER, PLEASE SPECIFY

MANUFACTURING: If claiming a manufacturing exemption, a written statement detailing the nature of the operation must be returned with this registration form.

I hereby certify that the above answers are true and complete to the best of my knowledge.

_____ **DATE**

_____ **SIGNATURE**

_____ **PRINT NAME**

_____ **TITLE**