

TO BE COMPLETED AND RETURNED WITHIN 15 DAYS TO:

DATE

WILSON SCHOOL DISTRICT

2601 GRANDVIEW BOULEVARD
WEST LAWN, PENNSYLVANIA 19609-1324
(610) 670-0180 ext. 1117
FAX (484) 334-6453

**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 PIVILEGE 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): _____

BUSINESS START DATE AT LOCATION(S) ABOVE: _____

DO YOU OWN _____ RENT _____ THIS LOCATION? IF RENT, FROM WHOM: _____
ADDRESS: _____
RENTAL START DATE: _____

BOROUGH or TOWNSHIP IN WHICH THIS BUSINESS IS LOCATED: _____

BUSINESS CONTACT NAME: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____

MAILING ADDRESS WHERE ALL FORMS ARE TO BE SENT: _____

TYPE OF BUSINESS: (CHECK ALL THAT APPLY)	(CHECK ONE)	(CHECK ONE)
_____ WHOLESALE	_____ PERMANENT	_____ INDIVIDUAL
_____ RETAIL	_____ TEMPORARY	_____ PARTNERSHIP
_____ SERVICE	_____ SEASONAL	_____ CORPORATION
_____ RENTAL	_____ ITINERANT	_____ OTHER, PLEASE SPECIFY
	_____ COMMISSIONS	_____

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