

Make Checks Payable To:



**REGISTRATION FORM
FOR MERCANTILE
TAX**

DUE DATE: _____

The following information is necessary for our records and will be held in strictest confidence. **ALL QUESTIONS MUST BE ANSWERED FULLY. USE THE REVERSE SIDE IF NECESSARY. COMPLETE AND RETURN IMMEDIATELY.**

OWNERSHIP

FOR OFFICE USE ONLY

1. BUSINESS NAME AND ADDRESS:

RECEIVED BY: _____
AMOUNT PAID: _____
LICENSE NO. ISSUED: _____
TYPE CODE: _____ ACCOUNT NO: _____

2. ACCOUNT NUMBER:

Cash Check Money Order

3. BRANCH OFFICE ADDRESS (IF LOCATED WITHIN MUNICIPALITY):

LICENSE FEE: Wholesale
 Retail

4. BUSINESS PHONE NUMBER:

RESIDENTIAL PHONE NUMBER:

A SEPARATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS.

5. DO YOU RENT A BUSINESS LOCATION:

Yes No If YES, please provide name & address of rental/leasing agent.

6. NAMES OF OWNERS, PARTNERS OR OFFICERS

ADDRESS

TITLE

ORGANIZATIONS

7. TYPE OF ORGANIZATION:

Individual Proprietorship Partnership Corporation Fiduciary Association

DATE INCORPORATED: _____ STATE: _____

8. NATURE OF BUSINESS:

Retail Wholesale Rental Manufacturing* Service* Trade Construction Fabricating* Amusement
 Other: _____

*EXPLAIN METHODS USED ON REVERSE SIDE.

9. DATE LOCAL OPERATION BEGAN:

10. TYPE OF DISTRICT BUSINESS:

Established New Seasonal* Transient Itinerant*

*INDICATE APPROXIMATE DATE WHEN OPERATIONS IN DISTRICT WILL END: _____

11. ACCOUNTING BASIS:

Cash Accrual Other (Explain) _____

ACCOUNTING PERIOD:

Calendar Fiscal Year Ending

12. NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS:

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief true, correct and complete. If this form is being prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): _____ Date: _____

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

Name: _____ Title: _____
Type or print

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.