



EAST NORRITON TOWNSHIP

2501 Stanbridge Street, East Norriton, PA 19401-1616 U.S.A.
 610-275-2800 • Fax: 610-277-1879
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Business Privilege/Mercantile Tax Application

SECTION I. TOWNSHIP BUSINESS INFORMATION (Required)			
Business Name/Trade Name/DBA		Tax ID	Start Date in ENT (MM/DDYY)
Location/Mailing Address		City	State Zipcode
Nature of Business (additionally please check appropriate business activity classification on page 3)			
Shopping Center/Unit Number:		Tax Parcel ID:	
Do you have any other business in East Norriton Township?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease (sub-lease) to others?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, provide detail on separate sheet.
Do you have any Township?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOWNSHIP BUSINESS CONTACT INFORMATION (Required)			
Contact Name(s):		Title(s):	
Email Address(s)		Phone Number(s)	Fax Number(s)
SECTION II. BUSINESS OWNERSHIP INFORMATION (Required)			
Business Ownership: (check applicable box)			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			
SOLE PROPRIETORSHIP CONTACT INFORMATION			
Sole Proprietor Name		SSN:	
Email Address		Phone #	
Mailing Address		City	State Zip
PARTNERSHIP CONTACT INFORMATION			
Partner Name		SSN:	
Email Address		Phone #	
Mailing Address		State	Zip

ADDITIONAL PARTNERSHIP CONTACT INFORMATION		
Partner Name	SSN:	
Email Address	Phone #	
Mailing Address	State	Zip
Additional Partner(s) Addendum sheet attached. Number of additional sheets _____.		
CORPORATION CONTACT INFORMATION		
Corporation Name	EIN:	
Main Contact:	Title:	
Email Address	Phone #	
Mailing Address	State	Zip
ADDITIONAL CORPORATION CONTACT INFORMATION		
Main Contact:	Title:	
Email Address	Phone #	
Mailing Address	State	Zip
Additional Corporate Contact(s) Addendum sheet attached. Number of additional sheets _____.		
NON-PROFIT CONTACT INFORMATION		
Parent Agency:	EIN:	
Contact:	Title:	
Email Address	Phone #	
Mailing Address	State	Zip
ADDITIONAL NON-PROFIT CONTACT INFORMATION		
Contact:	Title:	
Email Address	Phone #	
Mailing Address	State	Zip
Additional Non-Profit Contact(s) Addendum sheet attached. Number of additional sheets _____.		

SECTION III. APPLICABLE BUSINESS ACTIVITIES (Required)			
BUSINESS ACTIVITIES	NAICS	BUSINESS ACTIVITIES	NAICS
<input type="checkbox"/> 1 Accommodations	7210-7219	<input type="checkbox"/> 12 Manufacturing	3100-3399
<input type="checkbox"/> 2 Administration & Support Services	5600-5699	<input type="checkbox"/> 13 Private Education & Health Services	6100-6299
<input type="checkbox"/> 3 Arts, Entertainment & Recreation	7100-7199	<input type="checkbox"/> 14 Professional, Scientific & Technical Services	5400-5499
<input type="checkbox"/> 4 Biotechnology	N/A	<input type="checkbox"/> 15 Real Estate & Rental/Leasing Services	5300-5399
<input type="checkbox"/> 5 Certain Services	8100-8399	<input type="checkbox"/> 16 Retail Trade	4400-4599
<input type="checkbox"/> 6 Clean Technology	N/A	<input type="checkbox"/> 17 Transportation & Warehousing (Non Taxi)	4800-4999
<input type="checkbox"/> 7 Construction	2300-2399	<input type="checkbox"/> 17A Taxi (A CARD _____)	4800-4999
<input type="checkbox"/> 8 Financial Services	5210-5239	<input type="checkbox"/> 17B Driver for Transportation Network Company (Driver's License # _____)	4800-4999
<input type="checkbox"/> 9 Food Services	7220-7229	<input type="checkbox"/> 18 Utilities	2200-2299
<input type="checkbox"/> 10 Information	5100-5199	<input type="checkbox"/> 19 Wholesale Trade	4200-4299
<input type="checkbox"/> 11 Insurance	5240-5249	<input type="checkbox"/> 20 Activity Not Listed: _____	N/A

Authorized Registrant: _____ Date: _____

Print Full Name: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO: **Finance Department**
East Norriton Township
2501 Stanbridge Street
East Norriton, PA 19401

TOWNSHIP USE		
Business Database Updated	Date:	Initials:
GIS System Updated	Date:	Initials:
BP/M Tax Collector Submission	Date:	Initials: