

Any person desiring to conduct or engage in business within the Borough of North Wales is required to complete and file this application with the Borough Office and obtain a business license prior to the start of business activity. A license fee of \$100.00 must accompany this application. All previously registered businesses should use this form to update their information. The business license will be renewed with the filing of this form. Please print or type and answer all questions completely. All information furnished herein is strictly confidential as provided by Ordinance. If you require assistance or further information, please contact the Borough Office at 215-699-4424 or visit our web site at [www.northwalesborough.org](http://www.northwalesborough.org).

## North Wales Borough Business Registration Questionnaire

BUSINESS INFORMATION			
Business Name d/b/a:		Federal EIN/Social Security No.	
Legal Name (if different from Business Name)		Phone: (    )	
Telephone (    )	Alternate Phone (    )	Fax (    )	
Email Address:			
Sole Proprietor or Partner Name (s)			
Local Business Address:			
City:	State:	ZIP Code:	
Indicate Type of Entity:    (    ) Sole Proprietorship            (    ) Partnership            (    ) Corporation            (    ) Other			
Date Incorporated		State of Incorporation	
Indicate type(s) of business conducted	% wholesale	% retail	% service
% rental		% manufacturing	
Describe Business Activity			
Date business started in North Wales Borough:		Do you own or rent this location?	
If you rent, provide name and mailing address of owner(s) of the property			
Do you lease or sublease to others?            (    ) Yes            (    ) No			
If yes, list names of Tenants: (Attach separate sheet, if necessary)			

**EMPLOYEE INFORMATION**

Do you use the services of a payroll company to process taxes? ( ) Yes ( ) No

If yes, please provide the name and address of this company:

Do you use contracted personnel? ( ) Yes ( ) No If yes, approximately how many each year

Name, address and contact person of staff provider:

Number of employees (W-2 Recipients)                      Number of 1099 Recipients                      Monthly Payroll \$

**LIST OF PRINCIPAL OWNERS, PARTNERS OR OFFICERS:**

Name	Title	Home Address	Home Telephone No.

**CERTIFICATION**

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

Print Name

Title:

Signature of Officer and Title

If you are a new business or continuing business, return this application along with the remittance of the license fee of \$100.00 to:

**North Wales Borough  
300 School Street  
North Wales, PA 19454**

If the business has been terminated, list date of termination: \_\_\_\_\_ provide purchaser's name and address (if applicable)

\_\_\_\_\_

**Office Use Only**

Date Entered \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_

Check # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_