

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.

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):			
Business Phone:	Cell Phone:	Fax:	
Email Address:			
Sole Proprietor or Partner Name (s):			
Local Business Street Address:			
City:	State:	Zip Code:	
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Date Incorporated:		State of Incorporation:	
Indicate type(s) of business conducted	% wholesale	% retail	% service
% rental		% manufacturing	
Describe Business Activity			
Date business started in the 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Address	Phone:

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 Amount \$ _____ Check# _____

Account #: 0132191