

**TOWNSHIP OF LOWER MERION  
FINANCE DEPARTMENT  
75 E. LANCASTER AVENUE  
ARDMORE, PA 19003-2376**

Tax forms and other information  
available at [www.lowermerion.org](http://www.lowermerion.org)  
**QUESTIONS:** 610-645-6142  
**EMAIL:** [businesslicense@lowermerion.org](mailto:businesslicense@lowermerion.org)

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**BUSINESS REGISTRATION/MERCANTILE LICENSE APPLICATION**

- ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED.
- A SEPARATE APPLICATION MUST BE FILED FOR EACH TOWNSHIP BUSINESS LOCATION AND/OR EACH SEPARATE LEGAL ENTITY DOING BUSINESS IN THE TOWNSHIP.

Any business operating in a zoned residential area or using a residential mailing address must obtain a Certificate of Occupancy issued by the Building Department. If you have not yet received a Certificate of Occupancy, please call the Building Department at (610) 645-6200 to receive the necessary forms.

1. Business name: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

2. Complete address of ACTUAL business location in Lower Merion Township or remote employee home address (**No PO Boxes**):

Street Number / Direction	Street Name	Suite/Unit	City	State	Zip Code	Zip+4
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3. Mailing and/or Corporate address (if different than above): Attn: \_\_\_\_\_

Street Number / Direction	Street Name	Suite/Unit	City	State	Zip Code	Zip+4
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4. Phone numbers: Local office \_\_\_\_\_ Corporate office \_\_\_\_\_

5. Email address: \_\_\_\_\_ Secondary email: \_\_\_\_\_

6. Description of business activity: \_\_\_\_\_

7. Does this business have other locations?

Non-PA locations: \_\_\_\_\_

8. Business entity type: \_\_\_\_\_

9. Date started in Lower Merion Township: \_\_\_\_\_

10. Number of employees at this location (include partners, self-employed workers, and owners): \_\_\_\_\_

11. Do you rent the office or retail space that you occupy?

If yes, provide name and address of landlord/agent: \_\_\_\_\_

12. This business is a: \_\_\_\_\_

13. NAICS Code: \_\_\_\_\_ Lookup: <https://www.census.gov/naics/>

This application must be completed and signed by the owner or an authorized employee of the taxpayer. Payroll providers and third party licensing vendors are not permitted to apply for business licenses/registrations on behalf of clients

**Print Name (Owner or Authorized Person):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

- PRINT, SIGN, AND MAIL COMPLETED FORM TO THE ADDRESS IN HEADER WITH \$20 BUSINESS REGISTRATION/MERCANTILE LICENSE FEE ENCLOSED FOR EACH YEAR SINCE START DATE.
- APPROVED APPLICATIONS WILL RECEIVE A NEW BUSINESS TAX PACKAGE WITHIN 45 DAYS.
- REGISTRATIONS/LICENSES MUST BE POSTED AT THE PLACE OF BUSINESS ONCE ISSUED.

**Make Checks Payable to "Treasurer – Township of Lower Merion"**