

**BOROUGH OF CONSHOHOCKEN  
APPLICATION FOR BUSINESS LICENSE**

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Nature of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Business Started at this Location \_\_\_\_\_

Mailing Address if different from Above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED REVENUE FOR CURRENT YEAR** (This will be your **credit** on your First Tax Return due April 15<sup>th</sup>.)

Retail (Mercantile Tax) - \$ \_\_\_\_\_ x 0.0015 = \$ \_\_\_\_\_

Wholesale (Mercantile Tax) - \$ \_\_\_\_\_ x 0.0010 = \$ \_\_\_\_\_

Services (Business Privilege Tax) \$ \_\_\_\_\_ x 0.0020 = \$ \_\_\_\_\_

Annual Business License Fee-----\$ 10.00

**TOTAL AMOUNT DUE WITH APPLICATION** \$ \_\_\_\_\_

Check Type of Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Other \_\_\_\_\_

Party Responsible for Filing Tax Return \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Mail to:     Keystone Tax Bureau, Inc.     Fax #610-889-9427  
              P.O. Box 441                     Telephone #610-993-8609  
              Southeastern, PA 19399-0441  
              *Enclose check made payable to "Borough of Conshohocken"*