TRI-STATE FINANCIAL GROUP, LLC PO BOX 38 BRIDGEPORT, PA 19405

Tax forms and other information available at www.tfgtax.com

Phone 610-270-9520 **Fax** 610-270-9522

BUSINESS REGISTRATION/MERCANTILE LICENSE APPLICATION

- ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED
- A SEPARATE APPLICATION MUST BE FILED FOR EACH COMPANY DOING BUSINESS

1.	BUSINESS NAME (Enter name under which business is conducted): mediastudies.pressm	
2.	COMPLETE ADDRESS OF <u>ACTUAL</u> BUSINESS LOCATION IN BETHLEHEM CITY (No PO Boxes, if none, write NONE): 414 W. Broad St., Bethlehem PA 18108	
3.	EIN / SSN: 82-5377624	
4.	IAILING ADDRESS (If different than above):	
5.	ADDRESS OF CORPORATE OFFICE: 414 W. Broad St., Bethlehem PA 18108	
6.	HONE NUMBERS: Local office (484) 695-9033 Fax ()	
7.	ESCRIPTION OF BUSINESS ACTIVITY nonprofit scholarly publisher	
8.	OOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes () No If YES , where are the other business locations:	
	() In Pennsylvania () Other	
9. 10.	BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC () Non-Profit DATE STARTED IN BETHLEHEM CITY: 2018	
11.	NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) 1	
	DO YOU RENT THE OFFICE SPACE OF BUILDING YOU OCCUPY? () Yes () No If YES, give name and address of andlord or rental agent Cowork 414	
13.	IS THIS BUSINESS A: () Retail () Wholesale () Service () Rental Income () Manufacturer	
14.	DO YOU OWN ANY PROPERTY IN BETHLEHEM CITY FOR WHICH YOU RECEIVE RENTAL INCOME?	
	() Yes () No If YES, give name of owner or rental agent	
15.	ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION? () Yes ($ u$) No	
	If YES, please provide name and address of provider	
16.	ARE THERE ANY SUB-CONTRACTORS PERFORMING SERVICES ON YOUR BEHALF IN	CITY? () Yes () No
	If YES, please provide name and address of sub-contractor	
	**All businesses and/or employers in the City of Bethlehem are required to re- Tri-State Financial Group. A Registration Fee of \$25.00 must accompany this	9
	TOTAL AMOUNT DUE WITH APPLICATION	\$25.00
	**If you have a PA HIC License you do not need to pay the \$25.00 Registration Please provide following: PA HIC #:; Expiration	
	Enclose check made payable to "CITY OF BETHLEHEM" –	
	Mail to Tri-State Financial Group, PO Box 38, Bridgeport, PA 194	105
rint N	ame (Owner or Authorized Person): Jefferson Pooley	Date May 1, 2022
	re (Owner or Authorized Person):	Title Director