

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

- BUSINESS NAME (Enter name under which business is conducted): mediastudies.press
- COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN BETHLEHEM CITY (No PO Boxes, if none, write NONE):
414 W. Broad St., Bethlehem PA 18018
- EIN / SSN: 82-5377624
- MAILING ADDRESS (If different than above):

- ADDRESS OF CORPORATE OFFICE:
414 W. Broad St., Bethlehem PA 18018
- PHONE NUMBERS: Local office (484.695-9033) Fax (_____)
- DESCRIPTION OF BUSINESS ACTIVITY nonprofit scholarly publisher
- DOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes (**X**) No If YES , where are the other business locations:
() In Pennsylvania () Other _____
- BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC (**X**) Non-Profit
- DATE STARTED IN BETHLEHEM CITY: 2018
- NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners) 1
- DO YOU RENT THE OFFICE SPACE OF BUILDING YOU OCCUPY? (**X**) Yes () No If YES, give name and address of landlord or rental agent Cowork 414
- IS THIS BUSINESS A: () Retail () Wholesale () Service () Rental Income () Manufacturer
- DO YOU OWN ANY PROPERTY IN BETHLEHEM CITY FOR WHICH YOU RECEIVE RENTAL INCOME?
() Yes (**X**) No If YES, give name of owner or rental agent _____
- ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION? (**X**) Yes () No
If YES, please provide name and address of provider _____
- ARE THERE ANY SUB-CONTRACTORS PERFORMING SERVICES ON YOUR BEHALF IN CITY? () Yes (**X**) No
If YES, please provide name and address of sub-contractor _____

****All businesses and/or employers in the City of Bethlehem are required to register with the Tri-State Financial Group. A Registration Fee of \$25.00 must accompany this Registration Form****

TOTAL AMOUNT DUE WITH APPLICATION\$ 25.00

****If you have a PA HIC License you do not need to pay the \$25.00 Registration Fee –**

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 19405

Print Name (Owner or Authorized Person): Jefferson PooleyDate May 4, 2021Signature (Owner or Authorized Person): Title Director