

**berkheimer
associates**

325 N. Pottstown Pike, Exton, PA 19341

FROM: BERKHEIMER ASSOCIATES

RE: TOWNSHIP OF MIDDLETOWN MERCANTILE/BUSINESS PRIVILEGE TAX

The Township of Middletown has levied a Mercantile and Business Privilege Tax on all wholesale dealer, retail dealers, vendors and those taxpayers engaged in conducting restaurants or places where food, drink or refreshments are sold; and any service type businesses or rental within the Township. The tax levied is on gross receipts and the rates are as follows:

Wholesale Business:	.0015 mills
Retail Business:	.00225 mills
Service Business:	.00225 mills
Rental Business:	.00225 mills

In accordance with same, the Board of Supervisors of Middletown Township has appointed Berkheimer Associated the collector of Mercantile/Business Privilege Tax.

Therefore, all businesses subject to the Mercantile/Business Privilege Tax in Middletown Township are required to register with Berkheimer Associates and purchase an annual license fee. **ALL BUSINESSES ARE SUBJECT TO A LICENSE FEE OF \$10.00.**

Any business who is subject to the Mercantile/Business Privilege Tax is urged to contact Berkheimer Associates within ten (10) days from receipt of this notice at 325 N. Pottstown Pike, Exton, PA 19341, telephone (610) 363-7214 or (800) 360-7214 between the hours of 8AM to 4:30PM, Monday through Friday or complete the bottom of this form and return it to the Berkheimer Office. Upon your response all necessary tax information and forms will be sent to you.

TOWNSHIP OF MIDDLETOWN, DELWARE COUNTY, PA
APPLICATION FOR MERCANTILE AND/OR BUSINESS PRIVILEGE LICENSE TAX

Mercantile License Business Privilege License Business Privilege/Mercantile

Name of Owner of Property or Manager: _____

Home Address: _____

Name of Business: _____

Business Address: _____

Type of Business: (check the appropriate boxes)

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Service/Rentals | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Permanent | <input type="checkbox"/> Itinerant | <input type="checkbox"/> Association |
| <input type="checkbox"/> Wholesale & Retail | <input type="checkbox"/> Temporary | <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperation |

How long have you been in business? _____ (Years)

If in business less than one year, please indicate starting date: _____

Nature of Business: _____

Signature of Applicant: _____ Date: _____