



LOWER PROVIDENCE TOWNSHIP

100 Parklane Drive • Eagleville, PA 19403 • www.lowerprovidence.org

Administration: 610 539-8020 • Fax: 610 539-6347

Police: 610-539-5900 • Fax: 610-630-2219



AMUSEMENT TAX RETURN

(Please Print)

This tax return must be submitted to the Finance Department no later than the 10th day of each month for every holder of a permanent permit, and after each day's performance for every holder of a temporary permit. Make your check payable to **Lower Providence Township**. This tax return will be returned if payment is not made or if the form is incomplete. An interest rate of 1 ¼ % per month will be assessed on delinquent accounts. Refer to Ordinance 114 for details.

Permit Type	<input type="checkbox"/> Annual	<input type="checkbox"/> Temporary	Permit No	Date Issued
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BUSINESS INFORMATION

(Please Print)

Business Name		<input type="checkbox"/> New	<input type="checkbox"/> Renew	Date Commencing Business in Lower Providence Township	
Business Address			Federal ID Number		Phone Number ()
P.O. Box	City		State		Zip
Address at Which Business was Conducted				Phone Number ()	
P.O. Box	City		State		Zip

TAX RETURN INFORMATION

Number of Admissions	
Price of Admission	X
Total Admission Revenue	\$
Amusement Tax Rate	X 10%
Number of Admissions	

TAX RETURN CERTIFICATION

The above information is true to the best of my knowledge. I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocations of my permit. I also understand that Lower Providence Township may require additional information as permitted by Ordinance 114, and will supply such information upon request.

Applicant Signature and Title

Date

FOR TOWNSHIP USE ONLY

Payment Method	Date	Amount \$
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Copies

Finance Department & Applicant