



# LONGSWAMP TOWNSHIP

BERKS COUNTY  
MERTZTOWN, PENNSYLVANIA 19539

1112 STATE STREET

OFFICE HOURS DAILY - MONDAY THRU FRIDAY 9:00 A.M. TO 4:00 P.M. - - - PHONE 610-682-7388  
FAX 610-682-9067

## AMUSEMENT TAX APPLICATION FORM

In accordance with the Amusement Tax Ordinance 269 of 2012, this form must be completed in full and submitted to the Amusement Tax Collector with the appropriate fee, depending on the type of permit requested. A decision to render the permit shall be made within 14 days of receipt of the application.

Name of Company/Entity: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Address of Company/Establishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Telephone Number Contact Person: \_\_\_\_\_  
\_\_\_\_\_

Address of Location of Amusement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Telephone Number of Owner of  
Property Location of Amusement: \_\_\_\_\_  
\_\_\_\_\_

Type of Permit Requested:

\_\_\_\_\_ Permanent Amusement Permit (amusement to last more than 30 days)

\_\_\_\_\_ Temporary Amusement Permit (amusement to last 30 days or less)

\_\_\_\_\_ Itinerant Amusement Permit (an amusement having a proprietor who neither resides in or has a principal place of business in Longswamp Township, and not operated, held, or presented continuously the year round.)

Type of Activity Subject to the Amusement Tax:

---

If the applicant claims it is entitled to an exemption from the Amusement Tax as set forth in Section 8 of the Ordinance, please set forth in detail the basis for exemption:

---

---

---

By signing this form you acknowledge all information is true and correct to the best of your knowledge. If it is determined that any information on this form is false, the Amusement Tax Collector reserves the right to revoke any permit issued on the basis of the false information. If any information, as completed above, changes, the Amusement Tax Collector must be notified immediately. At that time, it will be determined if a new permit is required, and therefore, if a new application shall be completed and submitted.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name- Print

\_\_\_\_\_  
Applicant Signature

**Please send the completed form and/or payments to:**

Longswamp Township  
Attn: Amusement Tax  
1112 State Street  
Mertztown, PA 19539-9101