



To be filed with:

City of Chester,
c/o e-Collect Plus, LLC
PO Box 44286,
Pittsburgh, PA 15205
(866) 225-0033, x700

CITY OF CHESTER MERCANTILE/BUSINESS PRIVILEGE REGISTRATION

NAME:

ADDRESS:

Instructions & Deadline: Complete the following and enclose a check or money order in the amount of \$5.00 (per location) payable to "City of Chester." This Application is due annually no later than January 15. This Application is separate from and does not replace the Business Privilege Tax Return. Minimum tax due: \$20.00 from attached Business Privilege Tax Return.

License Year: _____

Business Start Date: _____

Legal Name of Business: _____

Trade Name (d/b/a): _____

Mailing Address: _____

Telephone: _____

Fax: _____

Email Address: _____

Nature of Business: _____

Total Number of Employees: _____ Federal Employer Identification No.: _____

Business Location(s): _____

Business Organization Type (check one)

Sole Proprietorship Partnership Corporation (PA Entity No. _____)

Other (Describe: _____) Non-Profit/Religious/Charitable

I hereby certify under the penalties provided by law that all statements made herein are to the best of my knowledge and belief true, correct and complete.

Applicant's Signature: _____

Printed Name: _____

Date: _____

Telephone: _____