



To be filed with:  
eCollect+  
804 Fayette Street  
Conshohocken, PA 19428  
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**CITY OF CHESTER**  
**BUSINESS PRIVILEGE / MERCANTILE TAX**  
**REGISTRATION FORM YEAR 2015**

**DUE: no later than April 15, 2015.**

**Instructions & Deadline:** The following registration form is required to be completed by each company with a business location in the City of Chester or any business operating within the territorial boundaries of the City of Chester.

This Application is separate from and does not replace the Business Privilege / Mercantile Tax Return. Please make a copy of this registration for your records. The license fee is \$5.00 per location and should be remitted with the tax form.

License Year: _____	Business Start Date: _____
Legal Name of Business: _____	Trade Name (DBA): _____
Mailing Address: _____ _____ _____	Physical Address: _____ _____ _____
Phone: _____	Fax: _____
Email: _____	Federal EIN: _____
Business Location(s): _____	Total Number of Employees: _____

Business Organization Type (check one)

- Sole Proprietorship       Partnership       Corporation or LLC (PA Entity No. \_\_\_\_\_)
- Other Describe: \_\_\_\_\_)       Non-Profit/Religious/Charitable

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**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: _____	Phone: _____