



**CITY OF CHESTER  
BUSINESS PRIVILEGE / MERCANTILE TAX  
REGISTRATION**

To be filed with:

City of Chester,  
c/o e-Collect+, LLC  
804 Fayette Street  
Conshohocken, PA 19428

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

(866) 225-0033 x 711

**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. A separate license is necessary for each place of business. New, seasonal, transient or itinerant businesses must secure a license before commencing business operations. This application is separate from and does not replace the Business Privilege / Mercantile Tax Return which is due annually.

**License Fee Due: \$5.00** Please note if are mailing this registration form back with the Business Privilege / Mercantile Tax Return, and the license fee listed in section A of the return is remitted with your tax payment, do not pay twice.

Your canceled check for the Business Privilege / Mercantile Tax Return and this registration copy shall be proof of registration.

License Year: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Trade Name (d/b/a): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: *(If different from Mailing Address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Federal Employer Identification No.: \_\_\_\_\_

Business Location(s): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Organization Type (check one)

Sole Proprietorship       Partnership       Corporation (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: \_\_\_\_\_

Telephone: \_\_\_\_\_