



To be filed with:  
eCollect+  
804 Fayette Street  
Conshohocken, PA 19428  
(866) 225-0033

**WHITEMARSH TOWNSHIP  
BUSINESS PRIVILEGE / MERCANTILE TAX  
REGISTRATION FORM YEAR 2018**

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

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. A license for your records will be mailed after payment is submitted. The license fee is \$10.00 per location and should be remitted with the tax form.

**This Application is due *May 1, 2018*.**

|                                 |                                  |
|---------------------------------|----------------------------------|
| License Year: _____             | Business Start Date: _____       |
| Legal Name of Business: _____   | Trade Name (DBA): _____          |
| Mailing Address: _____<br>_____ | Physical Address: _____<br>_____ |
| Phone: _____                    | Fax: _____                       |
| Email: _____                    | Federal EIN: _____               |
| Business Location(s): _____     |                                  |

Business Organization Type (check one)

|  |                                      |   |                     |
|--|--------------------------------------|---|---------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation or LLC | PA Entity No. _____ |
| <input type="checkbox"/> Other: _____)       | Describe: _____)                     | <input type="checkbox"/> Non                |                     |

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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: _____        |