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PO Box 3  
Wilkes-Barre, PA 18703  
(866) 225-0033, x711

## BOROUGH OF MEDIA MERCANTILE/BUSINESS PRIVILEGE REGISTRATION

NAME:

ADDRESS:

**Instructions & Deadline: Instructions & Deadline:** Complete the following and enclose a check or money order in the amount of \$50.00 (per location) payable to "eCollect." A SEPERATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: A fee of \$10.00 will be charged for replacement of any license lost or destroyed. License must be posted conspicuously at all times. New, seasonal, transient or itinerant business must secure license before commencing business. This Application is separate from and does not replace the Business Privilege Tax Return which is due quarterly. License Fee Due: \$50.00

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: \_\_\_\_\_