



To be filed with:

e-Collect +
804 Fayette Street
Conshohocken, PA 19428
(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: _____