



Make checks payable to:  
eCollect+  
804 Fayette Street  
Conshohocken, PA 19428  
(866) 225-0033

**MEDIA BOROUGH**  
**BUSINESS PRIVILEGE / MERCANTILE TAX**  
**REGISTRATION FORM 2025**  
**PSD Code: 231002**

**Instructions & Deadline:** Complete the following and enclose a check or money order in the amount of \$100 (per location) payable to "e-Collect". **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 quarterly. Your canceled check for the Business Privilege / Mercantile Tax Return and this registration copy shall be your proof of registration. **License Fee Due: \$100.00 per location.**

**This Application is due April 30, 2025.**

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

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

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

Trade Name (DBA): \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Federal EIN: \_\_\_\_\_

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

Business Organization Type (check one)

☐ Sole Proprietorship

☐ Partnership

☐ Corporation or LLC

PA Entity No. \_\_\_\_\_

☐ Other: \_\_\_\_\_)

Describe: \_\_\_\_\_)

☐ 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: \_\_\_\_\_