



**BOROUGH OF NARBERTH**  
**BUSINESS PRIVILEGE / MERCANTILE TAX**  
**REGISTRATION**  
**DUE: no later than June 30<sup>th</sup> 2024**

To be filed with:

e-Collect+, LLC 804  
Fayette Street  
Conshohocken, PA 19428

(866) 225-0033 x 711

**Instructions & Deadline:** Complete the following and enclose a check or money order in the amount of \$10(per location) payable to "BOROUGH OF NARBERTH". 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: \$10.00 can be combined with gross receipts tax due from Business Privilege/Mercantile Tax Return. Please issue one check for total amount due.

Taxpayers are entitled to receive written explanation of their rights concerning audit, appeal, enforcement, refund and collection of local taxes by calling the political subdivision to which these taxes apply during their normal business hours.

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)*  
\_\_\_\_\_

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

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: \_\_\_\_\_