



To be filed with:  
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**

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

|                                 |                                  |
|---------------------------------|----------------------------------|
| 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                |                     |

---

**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: _____        |