

CHADDS FORD TOWNSHIP
2024 BUSINESS PRIVILEGE TAX REGISTRATION

1-A. COMPANY/OWNER:	1-B. MRRS ACCT#:	1-C. COMPANY EIN OR LAST 4 DIGITS OWNER SSN:
2. DBA (Doing Business As):		
3. BUSINESS PHYSICAL LOCATION ADDRESS (Number, Street, City, State & Zip Code):		
4. BUSINESS MAILING ADDRESS (If different from above):		
5-A. BUSINESS CONTACT NAME (Required):		5-B. BUSINESS PHONE NUMBER (Required):
6-A. BUSINESS CONTACT E-MAIL:		6-B. BUSINESS FAX NUMBER:
7. TYPE OF ORGANIZATION (Check): () INDIVIDUAL PROPRIETOR () PARTNERSHIP () JOINT VENTURE () ASSOCIATION () FIDUCIARY () CORPORATION () LLC DATE INCORPORATED _____		
8. DESCRIBE NATURE OF BUSINESS:		
9. DATE OPERATIONS BEGAN IN CHADDS FORD TOWNSHIP:		

CHADDS FORD TOWNSHIP Business Privilege Tax (BPT) Registration is a flat rate of \$100.00 per tax year, per business and/or person(s) engaging in business within the Township and must be paid on or before January 30th each tax year. Person(s) starting a new business after the January 30th annual registration due date are required to register within 30 days of commencing business in the Township. A penalty of an additional \$100.00 will be imposed on annual renewals and/or new business entities that fail to register and/or pay the registration fee by the required due date. If your business is Exempt from the Business Privilege Tax, kindly complete this form, check the "Exemption" box below and attach tax documentation in support of annual gross receipt of \$15,000 or less.

BUSINESS PRIVILEGE TAX REGISTRATION FORM & PAYMENT MUST BE POSTMARKED BY JANUARY 30, 2024.
(LATE REGISTRATION AND/OR PAYMENT WILL BE ASSESSED A PENALTY FEE OF \$100.00 PER TAX YEAR)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE AND MAIL TO:

CHADDS FORD TOWNSHIP
c/o MRRS, LLC
P.O. BOX 1391
MEDIA, PA 19063

☐ **EXEMPTION** - The above business and/or person is exempt from Business Privilege Tax. I have attached documentation in support of exclusion (annual gross receipts of \$15,000.00 or less).

I CERTIFY THAT ALL INFORMATION AND STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature)

(Print Name & Title)

(Date)

Contact Information: Web: www.MRRSLLC.com E-mail: INFO@MRRSLLC.com Telephone: (610)565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS