

TOWNSHIP OF CHESTER
REQUEST FOR 2018 BUSINESS PRIVILEGE LICENSE
RENTAL PROPERTY

1. OWNER/LANDLORD:		1-A. MRRS ACCT#:	1-B. (EIN / SSN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:
2. DBA (Doing Business As):			
3. OWNER/LANDLORD MAILING ADDRESS (Number, Street, City, State & Zip Code):			
4. RENTAL PROPERTY ADDRESS:			
5. PHONE NUMBER (Required):	5-A. FAX NUMBER:	5-B. NAICS/SIC CODE:	
6. EMAIL:		6-A. CONTACT PERSON:	
7. INDIVIDUALS', PARTNERS' OR OFFICERS' NAMES:	7-A. INDIVIDUALS', PARTNERS' OR OFFICERS' MAILING ADDRESS:	7-B. INDIVIDUALS', PARTNERS' OR OFFICERS' SOCIAL SECURITY NUMBER:	
8. TYPE OF ORGANIZATION (Check):			
<input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> CORPORATION DATE INCORPORATED _____ STATE INCORPORATED _____			
9. ADDITIONAL TOWNSHIP OF CHESTER PROPERTIES HELD BY OWNER: (Attach additional sheet if necessary)			
10. DATE RENTAL PROPERTY WAS ACQUIRED:			
11. ADDRESS WHERE RENTAL PROPERTY LICENSE SHOULD BE MAILED:			

I certify that all information and statements made herein are true and correct to the best of my knowledge.

(Signature)

(Print Name & Title)

(Date)

LICENSE REQUEST AND PAYMENT IN THE AMOUNT OF \$10 MUST BE RECEIVED BY JANUARY 31, 2018.
(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED AN ADDITIONAL \$10 PER LICENSE PER YEAR)

MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:

TOWNSHIP OF CHESTER
c/o MRRS, LLC
P.O. BOX 1391
MEDIA, PA 19063

Contact Information: Web: www.MRRSLLC.com Email: INFO@MRRSLLC.com Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS