

**CHADDS FORD TOWNSHIP  
DELINQUENT BUSINESS PRIVILEGE TAX REGISTRATION**

<b>1. COMPANY/OWNER:</b>		<b>1-A. MRRS ACCT#:</b>	<b>1-B. FEIN OR SSN:</b>
<b>2. DBA (Doing Business As):</b>			
<b>3. BUSINESS LOCATION ADDRESS (Number, Street, City, State &amp; Zip Code):</b>			
<b>4. BUSINESS MAILING ADDRESS (If different from above):</b>			
<b>5. BUSINESS PHONE NUMBER: (Required)</b>	<b>5-A. BUSINESS FAX NUMBER:</b>	<b>5-B. NAICS/SIC CODE:</b>	
<b>6. BUSINESS CONTACT:</b>			<b>6-A. CONTACT E-MAIL:</b>
<b>7. DATE OPERATIONS BEGAN IN CHADDS FORD:</b>		<b>8. DESCRIBE NATURE OF BUSINESS:</b>	
<b>9. DELINQUENT TAX YEAR PAYMENTS INCLUDED: (Check ALL delinquent tax years being paid):</b>			
<input type="checkbox"/> <b>2013</b> Business Privilege Tax & Penalty - \$200.00		<input type="checkbox"/> <b>2017</b> Business Privilege Tax & Penalty - \$200.00	
<input type="checkbox"/> <b>2014</b> Business Privilege Tax & Penalty - \$200.00		<input type="checkbox"/> <b>2018</b> Business Privilege Tax & Penalty - \$200.00	
<input type="checkbox"/> <b>2015</b> Business Privilege Tax & Penalty - \$200.00		<input type="checkbox"/> <b>2019</b> Business Privilege Tax & Penalty - \$200.00	
<input type="checkbox"/> <b>2016</b> Business Privilege Tax & Penalty - \$200.00		<input type="checkbox"/> <b>OTHER</b> _____	
<b>10. TAX YEAR(S) BUSINESS QUALIFIED FOR EXEMPTION: (If Applicable)</b>			

**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 30<sup>th</sup> each tax year. A penalty of an additional \$100.00 is imposed for failure to register and/or pay tax due by the filing due date each year.

**EXEMPTIONS** - If your business was Exempt from Business Privilege Tax (annual gross receipts of \$15,000.00 or less) for any tax year(s) currently listed as delinquent please list tax year(s) in Box 10 and attached copy of the first page of the Federal tax return for the tax year in which you are claiming exemption.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE AND MAIL TO:

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

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](http://www.MRRSLLC.com) E-mail: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: (610)565-1396  
PLEASE RETAIN A COPY FOR YOUR RECORDS