

**TOWNSHIP OF CHESTER**  
**REQUEST FOR 2019 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, 2019.**  
*(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](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS