



BUSINESS PRIVILEGE TAX & REGISTRATION

Complete applicable sections of the registration form, answering all questions in full. Please print of type. Mail the completed registration form with payment to the address below. All fees received in full by April 1 will receive a 5% discount. **Quarterly payment plans are also available, with payments due on the following dates: 1/15, 4/15, 7/15, 10/15.** Checks may be made payable to "Mt. Oliver Borough."

NOTE: Every business must contract with a licensed trash hauler as required by ordinance.

2026 Fee Structure

Based on total employees company-wide.

5 Employees or less	\$500
6 to 10 Employees	\$750
11 to 15 Employees	\$1,000
16 to 20 Employees	\$1,250
More than 20 Employees	\$2,000

Today's Date

1. BUSINESS CONTACT

Business Name	<input type="text"/>	Federal Tax ID No.	<input type="text"/>
Business Address	<input type="text"/>	City	<input type="text"/> Zip <input type="text"/>
Website	<input type="text"/>	Phone	<input type="text"/>

2. TAX FORM CONTACT

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/> Zip <input type="text"/>
Email Address	<input type="text"/>	Phone	<input type="text"/>

3. BUSINESS DETAILS

Number of Total Employees	<input type="text"/>	Date Incorporated	<input type="text"/>
Date Business Started in Mt. Oliver		<input type="text"/>	

Please indicate the number of Amusement devices and vending machines operated at the business:

Video	<input type="text"/>	Music	<input type="text"/>	Candy	<input type="text"/>	Soda	<input type="text"/>	Cig	<input type="text"/>	Amusement	<input type="text"/>
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Nature of the Business: (brief detailed description)

Please list principal owners, partners, or officers:

First and Last Name	Home Address	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. PAYMENT SCHEDULE

Total Fee

Payment Schedule:

5% Discount (if applicable)

Annually

☐

Quarterly

☐

Total Payment

5. ATTEST & SUBMIT

I have read and understand the above information and hereby certify that the above information and statements given are true and correct.

Date

Applicant Signature

6. QUARTERLY PAYMENT VOUCHERS**1ST QUARTER PAYMENT INCLUDED**

Payment Total

Date

Due 01/15/2026**2ND QUARTER PAYMENT INCLUDED**

Payment Total

Date

Due 04/15/2026**3RD QUARTER PAYMENT INCLUDED**

Payment Total

Date

Due 07/15/2026**4TH QUARTER PAYMENT INCLUDED**

Payment Total

Date

Due 10/15/2026