

**TOWNSHIP OF NORTH HUNTINGDON TAX OFFICE – Keystone Collections Group, Tax Collector****BUSINESS REGISTRATION FORM**

724-978-0300 - P.O. Box 489, Irwin, PA 15642

DATE: \_\_\_\_\_

***CONFIDENTIAL:*** Any person desiring to conduct or engage in business with the Township of North Huntingdon, is required to complete and file this registration form with the Tax Office to obtain a license prior to the start of business activity. Please print or type and answer all applicable items completely. All information furnished herein is strictly confidential as provided by Ordinance. If you require assistance or further information, please contact the Tax Office.

Name of Business \_\_\_\_\_ Federal TIN or SS# \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date Business started in Township \_\_\_\_\_ Do you own or rent this location? \_\_\_\_\_

If you rent, furnish name and mailing address of owner (s) \_\_\_\_\_

Briefly describe the nature of your business activity \_\_\_\_\_

Indicate type(s) of business conducted: Wholesale ☐ Retail ☐ Service ☐ Other ☐

If you checked "other", please describe \_\_\_\_\_

**OWNERSHIP INFORMATION**

Name of Owner \_\_\_\_\_ Federal TIN \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Indicate type(s) of business conducted: Wholesale ☐ Partnership ☐ Sole ☐ Proprietor ☐ Other ☐

If you checked "other", please describe \_\_\_\_\_

***If ownership is Partner or Corporation, complete the following:***

Name & Title of General Partners of Corporate Officers	Taxpayer ID # or SS#	Mailing Address	City/State/Zip

***Applicants Claiming Exemption – Please Read This Section***

Any person claiming exemption from the Business Gross Receipts Tax, must attach a written request for exemption to this application describing in detail the nature of their business operation and the reason(s) for their claim. An inspection of the business may be required, prior to the issuance of a ruling on a request for exemption. Further information concerning exemptions from the business privilege tax may be obtained by contacting the Tax Collector.

**Certification – All Applicants Complete This Section**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_

I hereby certify that the information furnished herein has been examined by me and to the best of my knowledge is true, correct and complete.

**RETURN COMPLETED REGISTRATION FORM TO THE ABOVE TAX COLLECTOR**