

ALL NEW BUSINESS OWNERS MUST REGISTER WITH THIS TAX OFFICE

NORTH HILLS SCHOOL DISTRICT
ROSS TOWNSHIP
(412) 318-1060

BUSINESS APPLICATION FORM

Complete and return to:

North Hills School District Tax Office
135 Sixth Avenue
Pittsburgh PA 15229-1291

TAX OFFICE USE ONLY
Acct # _____
Date _____
Initials _____

Check applicable license if required:

- Wholesale \$10.00
- Retail \$10.00
- Wholesale & Retail \$20.00

NOTE: A License will be mailed to you after receipt of this form and your check.
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The following information is necessary for our records *whether you require a license or not* and will be held in the strictest confidence. All questions must be answered in full on the front and the back side of this form. Please complete and return immediately.

Business Name: _____

District Address: _____

Mailing Address: _____

(If different) _____

Federal EIN# ____ - ____ - ____ or SS# ____ - ____ - ____

Contact Email _____

Business Phone# (____) ____ - ____ Res. # (____) ____ - ____

Type of Organization: Individual Proprietorship Partnership Corporation

If Corporation: State _____ Date Incorporated _____

Name of Owners, Partners, Officers	Address	Title
_____	_____	_____
_____	_____	_____

Date Local Operation Began: _____

Type of District Business: Established New Seasonal* Transient* Itinerant*

(*Indicate approximate date when operations in District will end)

Do you rent this business location? Yes No

If yes, provide name and address of rental/leasing agency:

Nature of Business: Retail Wholesale Service Rental

Please provide a brief explanation of your business. (If additional space is required, attach rider.)

Name and Address of Person or Firm in Charge of Records:

CERTIFICATION

I hereby certify under the penalties provided by law that all statements made hereon are to the best of my knowledge and belief, true, correct, and complete:

Date: _____

Signature: _____

Title: _____

NOTE: A separate license is required for each place of business