

BOROUGH OF IRWIN -SHARI MARTINO, BUSINESS PRIVILEGE TAX COLLECTOR

BUSINESS REGISTRATION FORM

724-864-3100- 424 MAIN ST, IRWIN PA 15642

DATE: _____

CONFIDENTIAL: Any person desiring to conduct or engage in business with the borough of Irwin, 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 answers 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# _____

Mailling Address _____

City/State/Zip _____

Date business started in Borough _____ Do you rent or own 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 _____

Indcate type(s) of business conducted: Wholesale _____ Retail _____ Service _____ other _____

If ownership is Partner or Corporation, complete the following:

Name & Title of General Partners of Corporate Officers:

Taxpayers 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 the application describing in detail the nature of their business operation and the reason(s) for their claim. An inspection of 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 the to the best of my knowledge is true, correct and complete.

Return completed Registration Form to the above Tax Collector