

PITCAIRN  
BUSINESS REGISTRATION  
<http://www.monroeville.pa.us/>

Account # \_\_\_\_\_

The taxes levied by Pitcairn Ordinance require anyone engaged in any business activity to register with Pitcairn Borough the following information: (type or print neatly)

Business Name \_\_\_\_\_ Local # (412) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Fax # (412) \_\_\_\_\_

Business Address in Pitcairn \_\_\_\_\_

Type of business entity (Check (  ) applicable category):  
Individual  Partnership  Corp.  Other:  (send description)

Federal Tax Identification Number: \_\_\_\_\_

DATE BUSINESS OPENED IN PITCAIRN (MONTH/DAY/YEAR) \_\_\_\_\_

Description of Activity \_\_\_\_\_

Mercantile tax form mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email address: \_\_\_\_\_

Local Services tax form mailing address:  
(Complete only if mailing address is different from the above addresses)

\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Number of Employees at Pitcairn Location \_\_\_\_\_

Name, Social Security Number, & Residence Address of Individual Owners, Partners, Corporate Officers: (attach list if necessary)

Name \_\_\_\_\_ SS # \_\_\_\_\_ - - \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_ - - \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Certification: I hereby certify that the information contained herein is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return to: Business Tax Office  
2700 Monroeville Blvd.  
Monroeville, PA 15146-2388

Direct inquiries to: Email:montax@monroeville.pa.us Fax 412-856-1054 or Telephone 412-317-5080

**NOTE:** TO ENSURE PROPER FILING OF RETURNS, ANY CHANGES IN THE INFORMATION GIVEN HEREIN SHOULD BE REPORTED TO THE BUSINESS TAX OFFICE IMMEDIATELY!!!

TAX OFFICE USE: WRITE IN TAX YEARS / DATE MAILED / AND INITIALS

MERCTX \_\_\_\_\_ LIC \_\_\_\_\_ LST \_\_\_\_\_ EIT \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ INITIALS \_\_\_\_\_