



BUSINESS PRIVILEGE TAX- EMPLOYER REGISTRATION

PLEASE COMPLETE AND RETURN

BOROUGH OF GREEN TREE

10 W Manilla Avenue

Pittsburgh, PA 15220

Phone 412-921-8026 Fax 412-921-5987

1. Business Name and Address		
2. Mailing Address (if other than Green Tree Location)	3. Federal I.D. or Social Security Number	
4. Branch Office Address (if other than Green Tree location)	5. Phone Number	
6. Do you rent this Green Tree business location? Yes or No		
7. Names of Owners, Partners or Officers	Title	Address
8. Attach a list of all concessionaires and commercial or industrial tenants on your premises.		
9. Type of Organization: <input type="checkbox"/> Fiduciary <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Proprietorship		
Date Incorporated		State
10. Nature of Business <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Amusement <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Fabrication <input type="checkbox"/> Rental <input type="checkbox"/> Other (explain)		
11. Date Green Tree Operation Began		
12. Type of Business <input type="checkbox"/> Established <input type="checkbox"/> New <input type="checkbox"/> Transient <input type="checkbox"/> Seasonal* <input type="checkbox"/> Itinerant*		
*Indicate date operations will end		
13. Accounting Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (explain)		
Accounting Period:		Calendar or Fiscal Year Ending
14. Name and address of person or firm in charge of Records		

Certification: I hereby certify under penalties provided by law that all abatements made hereon best of my knowledge and belief, true, correct and complete.

Signature _____ Date _____

Print Name _____ Phone Number _____

Email Address _____