



# BOROUGH of HATBORO

414 S. York Rd.  
Hatboro, PA 19040

## Business Privilege Tax Registration Form

*Please note: This form is to be completed within ten (10) days and returned to the above address, attention 'BPT Department'*

Name of Business	Business Address
Name of Business Owner	Name of Previous Owner <i>(if applicable)</i>
Mailing Address	Telephone Number
Type of Business	Number of Signs
Date Business Operations Began	Number of Vending Machines
E.I.N. No. or Social Security No.	Email Address
Correct Taxing Jurisdiction <small>(name of township/borough where business is located)</small>	

Signature: \_\_\_\_\_

Please print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_