

**EAST FRANKLIN TOWNSHIP**  
**LOCAL SERVICES TAX DEPARTMENT**  
106 Cherry Orchard Avenue, Kittanning PA 16201  
Phone: 724.548.2310, ext. 3 ♦ Fax: 724.543.3015  
Email: cscholl@eastfranklintownship.com

**REGISTRATION FORM**

Business Name: \_\_\_\_\_

Business Name 2: \_\_\_\_\_

Federal Employer ID#: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Business Address: \_\_\_\_\_

*(location of business)*

Mailing Address: \_\_\_\_\_

*(for correspondence)*

LST Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

*(full time & part time)*

Type of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

*(month & year)*

I hereby certify that all information and statements herein are true and correct.

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

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