

**CITY OF ALLENTOWN
IN-CITY BUSINESS REGISTRATION QUESTIONNAIRE**

You are: Changing an existing account (OR) Registering a new business EFFECTIVE DATE _____

GENERAL INSTRUCTIONS: Complete all sections of the questionnaire, answering all questions in full. *All registrants must complete Signature Section C.* Mail completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton Street, Room 215, Allentown, PA 18101. Any questions, please call 610-437-7507. An application fee of **\$35.00** must accompany the Business Registration Questionnaire.

Section A: This section must be completed for an Incorporated business or by persons who are Self-Employed and by each Partner of an unincorporated business. Additional copies of this form are available upon request, and on-line at: www.allentownpa.gov

Business Name		Federal EIN Number			
Legal Name (if different than Business Name)		Business Web Address			
Sole Proprietor or Partner Name		Social Security Number			
Physical Business Address (Do not use PO Box)		City Allentown	State PA	Zip	Business Phone
Mailing Address for ALL Business Related Forms	Contact Person			E-mail Address	
	Street or PO Box		City	State	Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other		Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing			
		Nature of Business: (detailed description)			

LIST PRINCIPLE OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address	Social Security No.	Home Phone

City or Township/School District where you reside?		Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of devices _____
Date business incorporated	State of Incorporation	
No. of employees (if Sole Proprietor, do not include yourself in this number)		

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No. (QW,MW,EW,SP,RE)

Section B: this section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:		Telephone No.	
	Address:			
	City:	State	Zip	
Principle Bank Information	Name:		Telephone No.	
	Address:			
	City:	State	Zip	

Section C: I hereby certify that the above information and statements are true and correct. I understand that approval for the above business is contingent upon my compliance with the following departments: Bureau of Revenue & Audit, Zoning, Recycling, Fire and Health (where necessary). I also understand that it is my responsibility to notify the City of Allentown in writing, or on forms designated by the City, if any of the above information changes, or if my business closes.

Signature	Title	Date
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Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Acct #

CITY OF ALLENTOWN
 BUSINESS REGISTRATION QUESTIONNAIRE (SIDE 2)
 - CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

FIRE APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (IF ANY):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS REGISTRATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. Code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices		New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: