CITY OF ALLENTOWN IN-CITY BUSINESS APPLICATION

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. All applicants must complete Signature Section C. Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

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** Social Security Number Sole Proprietor or Partner Name Physical Business Address (Do not use PO Box) Zip **Business Phone Allentown** PA Contact Person E-Mail Address **Mailing Address** for ALL Business Street or PO Box City State related forms Indicate Type of Entity: Business Classification: [] Wholesale] Retail] Service] Manufacturing] Rental Nature of Business: (detailed description) [] Sole Proprietorship [] Partnership] Corporation [] S-Corp []LLC [] Other*: LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS Name & Title Home Address (No PO Box) Social Security No. **Home Phone** City or Township/School District where you reside? Date Business Started in City of Allentown **Date Business Incorporated** State of Incorporation Do you, or will you, have amusement devices? Number of Employees (if Sole Proprietor do not count yourself in this number) [] NO [] YES, # of Devices 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 Telephone No. Name: Tax Preparer Address: Information State City Zip+4 Telephone No. Name: Principal Bank Address: Information State City Zip+4 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: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary). Title: Date Signature

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

EDEN Customer #

Business Account #

CITY OF ALL ENTOWN

IN-CITY BUSINESS APPLICATION (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 APPLICATION INFORMATION -				
Business Account No.		Business Privilege Tax	[] Yes [] No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	[] Yes [] No	
Commercial EIT	[] Yes [] No	Amusement Tax Device	[] Yes [] No	S.I.C. code
Commercial LST	[] Yes [] No	# of Amusement Devices	[] []	New For: Qtr. Yr.
Self-Employed EIT	[] Yes [] No	Recycling Permit	[] Yes [] No	City Start Date:
Self-Employed LST	[] Yes [] No	Trash Hauler's License	[] Yes [] No	Work PSD Code
Processed By:		Reference Only Account	[] Yes [] No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: