



# CITY OF POTTSVILLE

## BUSINESS PRIVILEGE LICENSE APPLICATION

**GENERAL INSTRUCTIONS:** complete applicable sections of the questionnaire, answering all questions fully. Please type or print. All registrants must complete SECTION C: Send completed form along with payment to Business Privilege Tax Administrator, City Hall, 401 N. Centre Street, Pottsville, PA 17901 or [businessprivilege@pottsvillepa.gov](mailto:businessprivilege@pottsvillepa.gov)

**ANNUAL LICENSE FEE:** of \$35.00 (made payable to City of Pottsville) must be included with application.

**Section A-** this section must be completed by persons who are **self-employed and by each partner of an LLC.**  
(Back of form can be used)

|                                       |                |                                |  |                      |
|---------------------------------------|----------------|--------------------------------|--|----------------------|
| FIRST NAME                            | MIDDLE INITIAL | LAST NAME                      | SS#  | NATURE: OF BUSINESS: |
| BUSINESS NAME                         |                | FEDERAL ID. NO.                | BUSINESS CLASSIFICATION:<br>WHOLESALE ( ) SERVICE/RENTAL ( )<br>RETAIL ( ) MANUFACTURING ( ) |                      |
| BUSINESS STREET ADDRESS IN POTTSVILLE |                |                                | Identification- Driver's License   | Expiration Date      |
| MAILING ADDRESS FOR TAX FORMS         | STREET/P.O.BOX |                                | CITY - STATE   |                      |
|                                       | ZIP CODE       | CARE- OF - NAME (IF NECESSARY) |  |                      |

Name and address of owner or owners: \_\_\_\_\_  
In what city / township do you reside? \_\_\_\_\_ School district? \_\_\_\_\_  
Principal employer /address if other than above: \_\_\_\_\_

**Section B-** this section must be completed for **incorporated business.**

|                                       |                   |   |                   |
|---------------------------------------|-------------------|---|-------------------|
| COMPANY NAME                          |                   | FEDERAL IDENTIFICATION NUMBER:  |                   |
| NATURE OF BUSINESS                    |                   | BUSINESS CLASSIFICATION<br>WHOLESALE ( ) SERVICE/RENTAL ( )<br>RETAIL ( ) MANUFACTURING ( ) |                   |
| BUSINESS STREET ADDRESS IN POTTSVILLE |                   | CITY AND STATE<br>POTTSVILLE, PA  | ZIP CODE<br>17901 |
| MAILING ADDRESS FOR TAX FORMS         | STREET / P.O. BOX |   | CITY - STATE      |
|                                       | ZIP CODE          | CARE - OF - NAME (IF NECESSARY)   |                   |

**Section C** – Must complete this information.

Business telephone \_\_\_\_\_ Date above business started in City \_\_\_\_\_  
Number of employees \_\_\_\_\_ Email Address \_\_\_\_\_  
Name and residence of principal officers: (use back of form if needed) \_\_\_\_\_  
Accountants Name/Address \_\_\_\_\_

**\*\*\* I certify that all information and statements are true and correct\*\*\***

Date \_\_\_\_\_ Signature and Title \_\_\_\_\_ Phone \_\_\_\_\_