

CITY OF POTTSVILLE

BUSINESS PRIVILEGE LICENSE APPLICATION

GENERAL INSTRUCTION: complete applicable sections of the questionnaire, answering all questions fully. Please type or print. All registrants must complete SECTION C: Mail completed form along with payment to Business Privilege Tax Administrator, City Hall, 401 N. Centre Street, Pottsville, PA 17901.

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

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

FIRST NAME	MIDDLE INITIAL	LAST NAME	SS#	NATURE: OF BUSINESS
BUSINESS NAME		FEDERAL ID. NO.	BUSINESS CLAFFICATION WHOLESALE () SERVICE/RENTAL () 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 NESSCEAR Y)		

Partnership- Yes _____ No _____ Date above business started in City _____
 Name and address of owner or owners _____
 Do you employ any other persons than yourself? _____ How many? _____
 In what city or township do you reside? _____ In what school district do you reside? _____
 Business telephone _____ Residence telephone _____ Email Address _____
 Principal employer /address if other than above: _____
 Accountants Name/Address: _____

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

COMPANY NAME		FEDERAL INDENTIFICATION NUMBER		
NATURE OF BUSINESS		BUSINES5 CLASSIFICATION WHOLESA LE () SERVICE/RENTAL () RETAIL () MANUFACTURING ()		
BUSINESS STREET ADDRESS IN POTTSVILLE		CITY AND STATE	Z IP CODE	
MAILING ADDRESS FOR TAX FORMS	STREET / P.O. BOX		CITY - STATE	
	ZIP CODES	CARE - OF - NAME (IF NECESSARY)		

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 _____

Section C- I certify that all information and statements are true and correct.

Date _____ Signature _____ Title _____