

# 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: 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 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: 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 NECESSARY)		

Partnership Yes \_\_\_\_\_ No \_\_\_\_\_ Date business started in City: \_\_\_\_\_  
 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 WHOLESALE ( ) SERVICE/RENTAL ( ) RETAIL ( ) MANUFACTURING ( )		
BUSINESS STREET ADDRESS IN POTTSVILLE		CITY AND STATE	ZIP CODE	
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 \_\_\_\_\_