

**CITY OF HAZLETON
2021 BUSINESS RENEWAL APPLICATION**

Complete ALL sections of the Business License application and return to: City Hall, Office of License & Permits, 40 N. Church Street, Hazleton. Make business check payable to: City of Hazleton Licensing. Application may not be processed or approved until the next business day. * Failure to make payment by 12/31/2020 will subject you to a fine of not more than one thousand dollars \$1,000.00. * must have a current business license to be eligible for renewal.*Delinquent accounts are immediately sent to district court for fines and restitution. If any Questions please call (570) 459-4925 / (570) 459-4961

Section A: Business & Owner Information

Legal / Corporate Name:		Federal EIN Number:			
DBA / Business Name (if Different than Legal Name):					
Sole Proprietor or Partner Name:		Business Web Address:			
Physical Business Address (Do NOT use PO Box):		Hazleton	PA	18201	Business Phone:
Hours of operation:	S M T W T F S ___:00 - ___:00	Emergency Phone Number: () -			
Mailing Address for All Business related forms	Name:				E-Mail Address:
	Address:				
	Municipality, State, ZIP:				
Municipality / School District where you reside:		Original starting date of business in City of Hazleton:			
Date Business Incorporated:		State of Incorporation:			
Number of Employees (if sole proprietor do not count yours in this number):					

Nature of Business: Please provide a detailed Description of Business below. If need additional space continue on Separate Sheet of Paper and Attach

List Principal Owner(s), Partner(s) or Officers

Name:		Address:		City, State, Zip:	
Phone:		Email:			
Name:		Address:		City, State, Zip:	
Phone:		Email:			
Property:	Rent () Own ()	Property Owner:		Contact:	
Address:		Municipality, State, ZIP:		Phone:	

Section B: Financial & Insurance Information

Tax Preparer Information	Name:		Telephone:	
	Address:			
	Municipality, State, ZIP:			
Principal Bank Information	Name:		Telephone:	
	Address:			
	Municipality, State, ZIP:			
Insurance Company Information (Chapter 155-11)	Name:		Telephone:	
	Address:			
	Municipality, State, ZIP:			
	Policy Number:		Expiration Date:	___/___/___
Security Company:		Phone:		Account No:
PA Sales Tax #:		Cosmetology License #:		PLCB LID #:

Section C: Proof of Utilities

Hazleton City Water Authority:		Phone:		Account No:	
Greater Hazleton Joint Sewer Authority:		Phone:		Account No:	
Electric Company:		Phone:		Account No:	
Garbage Hauler:		Phone:		Account No:	
Recycling Hauler:		Phone:		Account No:	

Section D: Amount Due

Business License Fee: (Ordinance 2006-34)			See Attach: A	\$ -
Hazleton Health License: (Ordinance 2011-08)			See Attach: B	PA State
Hazleton Health Inspection: (Ordinance 2011-08)	Last Inspection:	___/___/___	See Attach: C	PA State
Hazleton Fire Inspection: (Ordinance 2007-29)	Last Inspection:	___/___/___	See Attach: D	\$ -
Signs: (Ordinance 2006-34) if yes, total square footage			See Attach: E	\$ -
Existing reserved Parking / Loading Zone sign: (Ordinance 2014-07, 2015-17)		non-metered: \$125.00	metered: \$864.00	\$ -
I would like to apply for a new reserved sign:	Yes (___) No (___)	application fee (non-refundable): \$25.00		\$ -
Amusement Devices: (Ordinance 2006-34)	Yes (___) No (___)	# of devices X \$20.00	See Attach: F	\$ -
Gas Pumps: (Ordinance 2006-34)	Yes (___) No (___)	# of devices X \$50.00	See Attach: F	\$ -
Other: (please indicate)	Pay this amount by December 31, 2019		Total amount Due: \$ _____ .00	
Other PA State License (please list and attach to application):				

Section E:

Multiple Businesses: LIST ALL OTHER CITY OF HAZLETON BUSINESSES AND ACCOUNT NUMBERS

Business Name	Account No:
IF NO OTHER BUSINESS PLEASE ANSWER (N/A)	

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, Zoning, Planning, BCO, Fire (where necessary)

Signature:		Title:		Date:	___/___/___
Print Name of Applicant:	Attached copy of Identification Card (Driver's License)				

CITY OF HAZLETON
IN - CITY BUSINESS APPLICATION
CITY OF HAZLETON USE ONLY

ZONING APPROVAL & RESTRICTIONS (IF ANY)	Date:
PLANNING APPROVAL & RESTRICTIONS (IF ANY)	Date:
BCO APPROVAL & RESTRICTIONS (IF ANY)	Date:
FIRE APPROVAL & RESTRICTIONS (IF ANY)	Date:

NOTES

BUSINESS PRIVILEGE TAX	[] YES [] NO	OCCUPANCY INSPECTION	[] YES [] NO
PROCESSED BY:		DATE:	