



CODES & INSPECTIONS DEPARTMENT  
 1301 12<sup>TH</sup> STREET, SUITE 103  
 ALTOONA, PA 16601  
 (814) 949-2456

## APPLICATION FOR BUSINESS / MERCANTILE PRIVILEGE LICENSE FOR THE CALENDAR YEAR 2024

### NEW LICENSE APPLICATIONS ONLY

ALTOONA CITY BLAIR COUNTY	
<b>PAYABLE TO:</b> CITY OF ALTOONA  <b>MAIL TO:</b> CITY OF ALTOONA DEPARTMENT OF CODES AND INSPECTIONS 1301 12TH STREET, SUITE 103, ALTOONA, PA 16601 PHONE 814-949-2456 EMAIL: INSPECTIONS@ALTOONAPA.GOV	<b>FEE:</b> \$100.00  <ul style="list-style-type: none"> <li>UNIFIED REGISTRATION FOR BUSINESS, MERCANTILE, PAWN BROKER, JUNK / SECOND HAND DEALERS, TRASH HAULERS.</li> <li>THIS LICENSE IS IN ADDITION TO ANY REQUIRED CONTRACTOR'S, HOME HEALTH CARE, RESIDENTIAL RENTAL UNIT, OR OTHER SIMILAR LICENSES.</li> </ul>

### BUSINESS REGISTRATION/CHANGE

NEW BUSINESS	CHANGE OF OWNERSHIP	CHANGE OF BUSINESS NAME AND/OR ADDRESS
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### BUSINESS INFORMATION

NAME OF BUSINESS	EIN NUMBER:
PHYSICAL ADDRESS OF BUSINESS (NO PO BOXES):	
BUSINESS E-MAIL ADDRESS:	BUSINESS WEBSITE:

### BUSINESS CONTACT

NAME OF OWNER OR RESPONSIBLE PARTY OF THIS BUSINESS:	
PHYSICAL ADDRESS:	PHONE:
PLEASE DESCRIBE THE BUSINESS AND THE EQUIPMENT THAT WILL BE IN USE:	

### PROPERTY OWNER

NAME:	PHONE:
ADDRESS:	

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### LICENSE AND CERTIFICATES

LIST ALL LICENSES AND CERTIFICATES REQUIRED AND OBTAINED FOR THIS BUSINESS WITH FEDERAL, STATE AND OTHER LOCAL GOVTS:

### CERTIFICATION

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CITY OF ALTOONA OFFICE USE ONLY

<b>LICENSING OFFICER:</b> APPROVED      DENIED PRE-EXISTING LEGAL NONCONFORMITY ZONING DISTRICT: _____ COMMENTS: _____ _____ SIGNATURE                      DATE	<b>LAND DEVELOPMENT:</b> APPROVED      DENIED TAX MAP NUMBER: _____ TAX_ID: _____ RANGED CITY OF ALTOONA STREET ADDRESS: _____ _____ _____ SIGNATURE                      DATE	<b>CODE &amp; INSPECTIONS:</b> APPROVED      DENIED COMMENTS: _____ _____ _____ SIGNATURE                      DATE	<b>FIRE INSPECTOR:</b> APPROVED      DENIED COMMENTS: _____ _____ _____ SIGNATURE                      DATE
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Dear Business Owner/Applicant,

You are required to complete this form along with the City of Altoona Application for Business/Mercantile Privilege License. Upon return, if not already on file, you will be issued account number through Berkheimer Tax Associates and issued appropriate forms to be filed to report for this jurisdiction.

Please be advised Chapter 237 of the City of Altoona Code of Ordinances requires a separate business license “for each of his or her places of business in the City”.

**You must apply for a separate license for each business location in the City of Altoona.**

Name of Business: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Business Address or if a Commercial Rental(s), Property Address of the Commercial rental:

\_\_\_\_\_  
\_\_\_\_\_

Taxing Jurisdiction: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address to which forms should be sent:

\_\_\_\_\_

Date of Business to begin: \_\_\_\_\_

Type of Business (Retail, Wholesale, Service, Commercial Rental): \_\_\_\_\_

(If your business is construction, you are responsible for gross receipts on the full job. You must also report the names, addresses and amounts paid to all sub-contractors for work performed in this jurisdiction as well)

Berkheimer Account Number: \_\_\_\_\_

\*If you currently have an account with Berkheimer, please indicate your account number(s).

Please return this form to: City of Altoona, 1301 12<sup>th</sup> Street, Suite 103 Altoona, PA 16601

If you have questions about this form, please contact the City of Altoona Department of Codes and Inspections at (814) 949-2456.

If you have any questions regarding the local tax, please feel free to contact Berkheimer Tax Associates at (610) 599-3140.